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Journeys to (M)otherhood

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**A Portfolio Submitted for the Award of Doctorate in
Counselling Psychology (DPsych)**

**City University, London
Department of Psychology**

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**THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN REDACTED
FOR DATA PROTECTION REASONS:**

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DECLARATION

I grant powers of discretion to the Librarian at City University to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgment.

PREFACE

This DPsych in Counselling Psychology portfolio is comprised of three sections: a research study, a publishable piece and a clinical case study. Whilst they are separate pieces of work, a common theme runs through them and they all explore women's journeys to 'motherhood'. In the paragraphs below, I offer a brief overview of each section before concluding with reflections on my own journey to becoming a Counselling Psychologist.

The first section of this portfolio presents a qualitative research study that seeks to explore how LGBTQ+ women who share their eggs with their partners as part of Reciprocal IVF, experience the process of becoming a 'mother'. Over the last few decades, the era of the traditional nuclear family, headed by a heterosexual married couple has come to an end; there is no such thing as a 'typical' family anymore (Cohen, 2014; Golombok & Tasker, 2015). As part of this shift, there has been an increase in the number of 'planned' LGBTQ+ families (Golombok, 2000), and a more recent method of conception that is increasingly being used is Reciprocal IVF. This involves one partner's eggs being collected, fertilised with donor sperm and transferred into the other partner, who then carries the pregnancy and gives birth (Pelka, 2009). However, very little is known about the experiences of those who conceive in this way and consequently this study seeks to fill this gap in the literature and our understandings. Seven participants were interviewed and data were analysed using IPA (Smith, 2017; Smith, Flowers & Larkin, 2009). Emergent themes reflect the ways in which the women's decisions, experiences and meaning-making were shaped by heteronormative discourse on family. The research considers what factors supported and/or undermined their sense that they had had a child together *with* their partner, that was 'theirs', and explores the development of their parental identities and how they managed threats to these. Implications for Counselling Psychology are discussed, as are possibilities for future research exploration.

Notably, whilst this research was driven by a strong desire to understand these women's

subjective experiences and to give them a voice, ultimately my initial interest in this area stemmed from my own experiences and my own journey to motherhood. Shortly before I commenced my training to become a Counselling Psychologist, I was told it was unlikely that I would be able to have biological children and advised that if I wanted to try, I should do so immediately, and through IVF. I was young and had always assumed that my partner and I would have a family at some point in the future, and that when we decided the time was right, it would simply happen for us. Consequently, this information came as a shock and was deeply upsetting. Following a failed round of IVF, we were very fortunate to conceive on our second attempt and we now have three-year-old twins. However, whilst we had a happy ending, these experiences were painful and transformative for me. They taught me about the shame and pain of infertility and how gruelling and challenging IVF can be, both physically and emotionally. Furthermore, they instilled me with a strong interest in issues around fertility and having a family, and a deep desire to support women (and men) as they face these issues. Notably, during these experiences I was supported by a close friend. We engaged in several discussions around having families and she shared some of her fears and worries about having one as a “gay woman”, and my desire to support her further encouraged my interest in this research area.

In the second section of this portfolio a journal article that draws on the above research study is presented. As the dimension of heteronormativity was found to be embedded within all the other themes, this forms the focus of the article. The ways in which the women’s experiences appear to have been shaped by hegemonic heteronormative ideologies on family are considered, and the implications of this for psychological therapists are discussed in terms of their work with clients and responsibilities to advocate for social justice. I have chosen to submit this article to *Feminism and Psychology* for several reasons. Firstly, it discusses key findings from a research study that shares and reflects the journal’s commitment to psychology, feminism and intersectionality. Furthermore, I believe that the findings regarding heteronormativity and the profound impact it appears to have had on the women’s

experiences, and how they made sense of them, are significant and highly relevant to the practice of all psychological practitioners; I hope that the journal's high impact factor and wide, global audience will maximise awareness of them. Finally, this article is a call to arms that seeks to inspire psychological practitioners to fulfil their 'professional missions' (Rafalin, 2010) through promoting social change and advocating for equality and justice, and in this respect, it closely aligns with the journal's own concerns and objectives.

The third section is the clinical component, and a case study that describes my work with a bereaved mother who suffered an ectopic pregnancy is presented. It is taken from my final year placement and reflects on my adoption of a pluralistic approach to support and help the client to process her loss as a mother and manage her grief. It considers how I used theory to inform my interventions, reflects on our therapeutic relationship and discusses the challenges that arose. I have chosen to present this particular case because it had a significant impact on my professional development and further explores the impact of culture and context on women's journeys to motherhood.

Each of these three sections reflects my own my journey to becoming a Counselling Psychologist. Conducting and completing the research has enhanced my passion for feminism, queerism and social justice, and given me a greater awareness and understanding of what I want being a Counselling Psychologist to mean in my life. I believe this is reflected in the publishable piece. The clinical case study also reflects my development as an integrative practitioner, and my desire to work collaboratively with clients and in an empowering way.

My training to become a Counselling Psychologist has been a long, challenging and exciting process that, linking to the central theme running through this portfolio, has been further complicated and enhanced by my own journey to motherhood. I have often struggled to balance the demands of caring for two young children with those of the course, and at times

it has felt overwhelming. These experiences have required me to learn to practice what I preach, and to accept and be reconciled with being 'good enough'. Furthermore, I believe that my own struggles, and willingness to reflect on these, has positively impacted on my training and practice through deepening my ability to understand, empathise with and support others with their difficulties; as Kübler-Ross (1975) wrote:

Those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths, these persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern" (p.96).

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PART ONE: RESEARCH STUDY

‘Doing Family’ Through Reciprocal IVF: An Exploration of How LGBTQ+ Women Experience Becoming ‘Genetic Mothers’

Supervised by Dr. Deborah Rafalin

ABSTRACT

Shifts in social customs, legal developments and advancements in reproductive technology in the UK over the last few decades have facilitated the growth of 'planned' LGBTQ+ families, where children are conceived within the current LGBTQ+ relationship, with the intention of raising them within the family context. A more recent method of conception is Reciprocal IVF, where one partner's eggs are collected, fertilised with donor sperm and transferred into the other partner, who then carries the pregnancy and gives birth. However, despite its increasingly popularity, little is known about the experiences of women who conceive through Reciprocal IVF. This research study explores how LGBTQ+ women who share their eggs with their partner as part of Reciprocal IVF, experience the process of becoming a 'genetic mother'. Data were collected from seven participants using semi-structured interviews and analysed using Interpretative Phenomenological Analysis (IPA). Emergent themes reflect the ways in which the women's decisions, experiences and meaning-making were shaped by heteronormative discourse on family. The research considers what influenced their decisions to conceive through Reciprocal IVF and assume the role of egg donor, what factors supported and/or undermined their sense that they had had a child together *with* their partner, and explores the development of their parental identities and how they managed threats to these. Implications for Counselling Psychologists are discussed in terms of their work with clients and responsibilities to advocate for social justice. Suggestions for future research exploration are also made.

A NOTE ON LANGUAGE

There is an absence of clear language to represent those whose experiences this study seeks to better understand. Consequently, throughout the research process I have struggled with language. My thinking has continuously evolved and developed, both in terms of understanding the significance of it, and reaching a conclusion about how best to use it. In this section I seek to highlight some of the main issues I faced and explain my reasons for choosing the terminology that I ultimately did.

Women in same-sex relationships vary in their language preferences (Abelsohn, Epstein & Ross, 2013) and complicating the matter further is the fact that, as Melville (2016) noted, such preferences may evolve and individuals may change how they identify across time and spaces. However, due to the need to make a decision about language “for the purpose of research and knowledge dissemination” (Abelsohn et al., 2013, p.390), I have chosen to use the terms ‘lesbian’, ‘gay’, ‘bisexual’, ‘queer’ and ‘plus’, which are represented by the acronym: ‘LGBQ+’. This decision was informed by Griffith et al.’s (2017) ‘Standards of Care for Research with Participants who identify as LGBTQ+’, which advises that researchers should use language that is appropriate, culturally relevant, inclusive and reflects current terminologies “in an effort to respect, honour and affirm... identities and language choice” (p.213). They further advance use of the terms ‘lesbian’ ‘gay’ ‘bisexual’ and ‘queer’ as these fulfil these criteria and “accurately reflect the shift of the Counseling field away from pathologising ideologies” (p.214). In addition, whilst much research on sexual minorities is grouped under the umbrella acronym ‘LGBTQ+’, I have consciously decided not to use the word ‘trans’ to describe those who experiences this study seeks to reflect. This was a difficult decision, as I wanted to be inclusive, particularly given the tendency of research and scholarship to neglect the experiences of those who identify in this way (Moradi, Mohr, Worthington & Fassinger, 2009), however I ultimately determined that doing so could be

misleading as none the participants who took part identified as trans; as Griffith et al. (2017) commented:

Researchers and scholars remain aware of the tendency to include trans populations in descriptions of the research without actually including trans individuals within a sample (e.g., using *LGBT* to refer to participant sample when only LGB people are present). Researchers and scholars are cautioned against this inaccuracy in future research, to better represent their studies to the research public. (p.219)

Notably, they also wrote a similar remark with regards to bisexual populations, however after much consideration I have decided to include the term bisexual. This decision was informed by my awareness of the fluid nature of some people's sexual identities and the fact that women who identify as bisexual and are in a same-sex relationship may choose to conceive by sharing their eggs with their partner in the process of Reciprocal IVF, which means this study's findings are potentially very relevant to them, and consequently I did not want to exclude them. In contrast, it is not biologically possible for trans women to conceive children in this way, which means that their experiences of the journey to 'motherhood' would be unique and require exploration in their own right. Notably, I have also included 'plus' identities, so as not to exclude others who identify in other ways but who may connect with this research and its findings.

Whilst I have chosen to use the acronym LGBTQ+ to represent those whose experiences this study seeks to better understand, other researchers, academics and authors who have written on similar and related topics vary in their preferred terminology. Where I discuss and refer to their work, I have, as much as is possible, used their language, as it is reflective of their motivations, participant sample and the transferability of their work. Furthermore, when

discussing topics and issues in the 'Introduction' that are considered to affect those who also identify as trans, for example homophobia, heterosexism, heteronormativity and their impact on psychological wellbeing, I have used the term 'LGBTQ+' to accurately reflect this and avoid the aforementioned tendency to overlook this group.

In addition, for the purpose of this research it is necessary be able to distinguish between the women within same-sex couples as they create their families through Reciprocal IVF, as their roles are thought to shape their experiences. Pelka (2009) described the women as the 'genetic mother' and the 'gestational/birth mother' and these terms will also be used in this study. It is acknowledged that these are not ideal, as they arguably reduce the women to these characteristics and fail to acknowledge the other ways in which they mother, however, they avoid defining the women by what they are not, a criticism that has been levelled at scholars who have used the term 'non-biological mother' when exploring same-sex couples' experiences of Artificial Insemination (Brown & Perlesz, 2008).

Furthermore, it is recognised that not all women may feel the term 'mother' is appropriate, due to cultural connotations; studies have found that LGBTQ+ women who have had a child can identify in a range of other ways, including 'father', 'mather' and 'lesbian dad' (Padavic & Butterfield, 2011; Pagenhart, 2006). However, again for the purposes of knowledge dissemination and also because it was how the majority of the women in this study identified, the term mother is used, though 'parent' is also occasionally employed to remind readers of diversity in label preference.

Significantly, all the participants in this study were asked about their preferred terminology and, as has been indicated, this informed decisions about the terms used in this study. Where I refer to a participant's specific experiences, their language preferences are respected and used.

It is hoped that where the terms used are not the preferred identity labels of those who conceive through Reciprocal IVF, they will understand the reasons for this.

CHAPTER ONE: THE INTRODUCTION

1.1. OVERVIEW OF THE INTRODUCTION

This chapter introduces the current research study. It begins by setting the scene and explaining the context within which the study is based, before offering an overview and exploration of literature that is relevant and significant to the research question. It concludes by presenting a rationale for the study and an explanation of its aims.

1.2. SETTING THE SCENE

The era of the traditional nuclear family, headed by a heterosexual married couple is over; there is no such things as a 'typical' family anymore (Cohen, 2014; Golombok & Tasker, 2015). Since the 1970s, profound shifts in family structures have meant the traditional, heterosexual nuclear family is now in the minority and that family diversity is the new normal (Walsh, 2012); as Golombok and Tasker (2015) noted, there are "a growing number of children being raised by cohabiting, rather than married, parents, by single parents, by stepparents, and by same-sex parents, with many children moving in and out of different family structures as they grow up" (p.1). In addition, Moller and Clarke (2016) have highlighted the more recent emergence of new forms of family, such as those created through embryo donation, and voluntary childlessness. With regards to same-sex parents, just a few decades ago "the concept of gay and lesbian families was widely viewed as an oxymoron" (Patterson, 1994, p.62), however today there are an estimated 190,000 same-sex couple families in the UK, and this number is expected to continue to rise (ONS, 2017).

The oldest type of LGBTQ+ family is the step-family, where one or both partners bring children they conceived in a previous heterosexual relationship into their new setup (Hall & Kitson,

2000; Wright, 1998). However, shifts in social customs, legal developments and advancements in reproductive technology in the UK over the last few decades have facilitated the growth of 'planned' LGBTQ+ families, where children are conceived (either biologically or as an idea where adoption is used) within the current LGBTQ+ relationship, with the intention of raising them within the family context (Golombok, 2000; Pelka, 2009). In 2005, adoption became legal for same-sex couples, and as a consequence of the Human Fertilisation and Embryology Act 2008 and Civil Partnership Act 2004, it has become easier for LGBTQ+ couples to secure parental rights for children conceived through Artificial Insemination (AI) and Reciprocal In Vitro Fertilisation (Reciprocal IVF), where "one partner contributes her eggs, which are externally fertilized with donor sperm and, subsequently, her partner carries the pregnancy to term" (Pelka, 2009, p.196). Additionally, in February 2013, NICE Guidelines that recommended NHS fertility treatment be available to same-sex couples were published.

Abelsohn et al. (2013) noted that whilst there has been a surge in scholarship on LGBTQ+ parenting in recent decades, "it has been largely related to children's development and outcomes" due to "the need to disprove the belief that children of lesbian and gay parents would be less well-adjusted than children raised by heterosexual parents" (p.388). Where research has considered the experiences and impact of motherhood and parenthood on LGBTQ+ women, it has mainly focused on families created through adoption and AI (e.g., Lewin, 1993; Muzio, 1993; Ben-Ari & Levni, 2006; Brown, Smalling, Groza & Ryan, 2009; Hayman, Wilkes, Jackson & Halcomb, 2013), with little attention being paid to those who use Reciprocal IVF; Pelka's (2009) study on the experiences of lesbian couples who become parents was "the first study to include lesbian couples who used IVF to biologically co-mother" (p.199) and the handful since have focused on medical ethics (Zeiler & Malmquist, 2014; Pennings, 2016). Whilst Pelka's (2009) study shed some light on the experience of becoming a 'co-mother' in this way, it is primarily about maternal jealousy and how variables, including method of conception, contribute to, or protect against, it. Consequently, more knowledge about the experiences of women who conceive through Reciprocal IVF is needed so that

appropriate support can be offered to them, particularly as Reciprocal IVF's popularity as a method of conception appears to be increasing.

1.3. OVERVIEW OF THE LITERATURE

1.3.1. Sexual minority research

Prior to the APA's removal of 'homosexuality' from the Diagnostic and Statistical Manual of Mental Disorders in 1973, it was viewed as a mental illness. Consequently, much of the literature on LGBTQ+ individuals before the 1970s characterised them as 'unnatural', 'sick', 'perverted' and 'deviant' (Clarke, Ellis, Peel & Riggs, 2010; Kitzinger, 1987). However, following the de-pathologisation of homosexuality, 'gay affirmative' psychology emerged, which promoted its acceptance on account of it being a healthy and 'normal' expression of human sexuality and identity (Burton, 2015; Clarke et al., 2010; Moleiro & Pinto, 2015); the term 'gay affirmative' was replaced by 'lesbian and gay psychology' in the 1980s and it has more recently been known as 'LGBTQ psychology' (Clarke et al., 2010). At that time, studies exploring the experiences of LGBTQ+ individuals and prejudice and discrimination also started to appear (Clarke et al., 2010; e.g. Abbitt & Bennett, 1979; Millham, San Miguel & Kellogg, 1976; Pratt, 1980).

In 1972, Weinberg introduced the term 'homophobia' to describe hostility towards homosexuals and "challenge entrenched thinking about the 'problem' of homosexuality" (Herek, 2004, p.6); he defined it as "the dread of being in close quarters with homosexuals—and in the case of homosexuals themselves, self-loathing" (p.4, as cited in Herek, 2004, p.8). The term was embraced by advocates for LGBTQ+ rights, and it subsequently became widely used (Herek, 2004; Kitzinger, 1996). Since its early use the meaning of homophobia has expanded beyond fear, and Clarke et al. (2010) noted that today the term homophobia "is

used inclusively to describe anti-gay and anti-lesbian (and sometimes anti-bisexual) prejudice and discrimination, and includes everything from negative attitudes towards lesbians and gay men and lesbian and gay issues to hate crimes based on sexuality” (p.104).

However, the term homophobia has been criticised for turning negative attitudes towards those who identify as LGBTQ+ into an individual psychological pathology rather than a socially and culturally reinforced prejudice (Hepburn, 2003; Kitzinger, 1996; Plummer, 1981). Thus, the danger in the term is “believing that negative attitudes are the pathology of a few homophobic individuals rather than addressing the widespread institutionalization of anti-gay stigma in religion, law, education, health care, politics and the media” (Eliason, 2000, p.287). Consequently, it has been argued that the term ‘heterosexism’ is preferable, as it recognises the social marginalisation of LGBTQ+ individuals (Clarke et al., 2010). Herek (1990) defined heterosexism as “an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behaviour, identity, relationship, or community. It operates principally by rendering homosexuality invisible and, when this fails, by trivializing, repressing, or stigmatizing it” (p.316). A third term that relates to heterosexism is ‘heteronormativity’, which Kitzinger (2005) defined as “the myriad of ways in which heterosexuality is produced as natural, unproblematic, taken-for-granted, ordinary phenomenon” (p.478), including socio-legal, cultural, organisational and interpersonal practices.

Increasing awareness of, and challenges to homophobia, heterosexism and heteronormativity by LGBTQ+ activists and their allies has prompted a series of legal changes that outlaw discrimination on the grounds of sexuality. In addition to the earlier mentioned acts that have secured women in same-sex couples rights with regards to creating their families, other significant measures include the Marriage (Same Sex Couples) Act 2013 and The Equality Act 2010, which requires equal treatment in access to employment as well as private and public services, regardless of sexual orientation and other protected characteristics. Furthermore, in 2008, Parliament passed provisions in the Criminal Justice and Immigration

Act that made incitement to homophobic hatred a new offence. However, it would be both dangerous and short-sighted to suggest that the advancement of such rights means that prejudice and discrimination no longer exist; as Ludwig (2011) observed, heteronormativity continues to be a crucial and powerful force in Western societies.

The impact of this ongoing discrimination and prejudice against LGBTQ+ individuals appears significant, and scholars have argued it produces a negative social environment that leads to mental health difficulties (Friedman, 1999; Lewis, 2009; Mays & Cochran, 2001; Meyer, 2003); numerous studies have indicated that, comparatively, LGBTQ+ individuals experience mental health difficulties such as depression, anxiety, substance use disorders and suicidal ideation much more frequently than their heterosexual counterparts do (Cochran, Sullivan & Mays, 2003; Lewis, 2009; Meyer, 2003). Meyer (2003) proposed a minority stress model to explain this phenomenon. Furthermore, Clarke et al. (2010) contended that heteronormativity continues to pervade the field of psychology, explaining that “although few psychologists nowadays would describe homosexuality as pathological or promote the use of conversion therapy, psychological theories and research are riddled with heterosexist assumptions” (p.20).

Today, LGBTQ psychology continues to confront and seek to remedy the ongoing prejudice and discrimination that LGBTQ+ individuals face, and the heterosexist bias that exists both within psychology and beyond, by recognising the need for and importance of research on the lives of LGBTQ+ individuals and issues affecting them (Clarke et al., 2010); as Clarke et al. (2010) noted, “if psychology is to be a true ‘psychology of the people’ then it must examine the experiences of all people and be open to the ways in which people’s lives differ” (p.4).

1.3.2. Identity theories

This research is concerned with identity and identity development. Much has been written on this topic from psychological, sociological and anthropological perspectives and this is reflected in the 4 million results generated by a search for 'identity theories' in Google Scholar.

Academics have highlighted the breadth and fragmentation of identity literature, and Vignoles, Schwarz and Luyckx (2011) have suggested that, as a consequence of this, "as well as any of us believe that we know the "identity literature", all we really know is one corner or piece of that literature" (p.1). There are numerous contrasting approaches in identity literature (e.g. "neo-Eriksonian, social identity, self-psychology, symbolic interactionist, discursive and other perspectives" (Vignoles et al., 2011, p.8)) and these have developed relatively separately from one another, on account of contrasting theoretical underpinnings (Vignoles et al., 2011). Consequently, to attempt to review the myriad of different theories on identity would be challenging, likely unhelpful and beyond the scope of this Introduction. The theories presented below have been carefully selected due to their acknowledgement of the influence that society and social context have on identity construction.

During the 1970s, the Social Identity Approach came to dominate identity scholarship (Jaspal, 2014). Central to this approach is its contention that social context affects how psychological processes happen: "rather than using psychology to supersede other levels of explanation of human action, the aim is to account for when and how social structures and belief systems impact on what people do" (Reicher, Spears & Haslam, 2010, p.46). The approach developed from the work of Henri Tajfel (1978) on intergroup processes. His work considered social identity, which he defined as "that part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance attached to that membership" (1978, p.63). He suggested that through a process of social categorisation, people align themselves with social groups, and that they

then seek to distinguish these groups from others in a way that is favourable to and enhances the status of 'in-groups' in an attempt to increase their self-image. In this way, group membership becomes an important source of pride and self-esteem. Whilst Tajfel's work helpfully illustrated how group membership can shape an individual's sense of identity, as Pehrson and Reicher (2014) noted, he did not attend to individual identity in Social Identity Theory and his aim was not to produce a complete theory of identity. Rather he deliberately only offered a "limited definition of 'identity' or 'social identity'" (Tajfel, 1978, p.63, as cited in Pehrson & Reicher, 2014, p.98) as his primary goal was to better understand intergroup behaviour, intergroup conflict and social change (Tajfel & Turner, 2004).

Turner and his colleagues subsequently developed Self Categorisation Theory (1987), in which they detailed how the categorisation process in social identity phenomena works. The theory proposes that people see and categorise themselves at different levels, including the individual level (one's personal identity) and various possible group levels (one's social identity). It also contends that everyone has several actual and potential personal and social identities. According to the theory, the ways in which individuals "define and see themselves in any particular situation moves up and down between these levels and between the different identities at each level" (Turner, 2007, p.793). Consequently, the theory suggests that in some contexts individuals will act as a unique personality, but that in other situations their social identities will become more salient and that on these occasions their behaviour will tend to be more in line with the norms and needs of the in-group (Turner, 2007). However, whilst Turner and his colleagues discussed personal identity, as Jaspal (2014) noted, "the focus of his theory remained on the intergroup level of analysis" (p.9).

Giddens (1991) similarly recognised the impact of social context on identity. He was concerned with the changing nature of identity and proposed that in the transition to modernity, "the beliefs and customary practices that used to define identities in traditional societies (such as those of organised religion), are now less and less influential" (Buckingham, 2008, p.9) and

that people no longer take for granted or passively accept who they are (Giddens, 1991). Giddens (1991) argued that instead, individuals now create the story of who they are, through constructing personal “biographical narratives” (p.5). He believed that people continuously reflect on and revise these, and therefore considered self-identities to be fluid and adaptable. In addition, Giddens (1991) contended that where individuals are able to keep their self-narrative going, they can enjoy a coherent and stable sense of identity, and that where they feel confident in the integrity and value of this narrative, they will experience a sense of pride and positive self-esteem, however this pride is always vulnerable to the reactions of others. Giddens also suggested that when individuals are anxious about the integrity or value of this self-narrative, they may experience feelings of shame. Such anxiety may result when feel unable to live up to the image of the ideal self, by failing to reach their goals or when their trust (in others and the coherence of the object-world) is violated and lost (Giddens, 1991). On these occasions, individuals experience challenges to their identities, which overlaps with Breakwell’s (1986) scholarship on identity.

Breakwell’s Identity Process Theory (IPT) (1986, 2010, 2014) similarly “recognizes that identity is created within a particular social context that is within a specific historical period” (Breakwell, 2010, 6.4). However, IPT does not suggest that identity is solely determined by its social context, and recognises the importance of cognitive functioning. Breakwell, a student of Tajfel, was concerned with the “black box” of identity, which she described as the “social, cognitive, conative and orectic processes that comprised identity” (2010, p.6.2). She sought to better understand the processes that underlie identity formation, development and maintenance, and determined that the best way to do this was to understand how individuals react when their identity is threatened (1986; 2010). Notably, Breakwell suggested that threats to identity are likely to occur during transitions in social status and her theory offers a framework for understanding these and how individuals cope with them, and consequently it seems likely relevant to this research on LGBTQ+ women’s transitions to mother and

parenthood.

Breakwell (1986) posited that identities can be conceptualised in terms of their structures and processes. With regards to the structure, she proposed two main dimensions: content and value. The content dimension includes all the defining features of the identity, “the characteristics which the individual concerned considers to actually describe himself or herself and which, taken together as a syndrome, mark him or her as a unique person” (1986, p.12). These attributes include group memberships, roles, social category labels, values, attitudes and cognitive styles (Breakwell, 2010), and in this way, and in contrast to others, Breakwell did not differentiate between personal and social identity, arguing that “seen across the biography, social identity is seen to become personal identity: the dichotomy is purely a temporal artefact” (2001, p.277). With regards to the value dimension, Breakwell (1986) considered each element in the content dimension to have a positive or negative value or affect attached to it. She did not view these values or affects as being constant, instead proposing that they are perpetually adjusted in response to “changes in the social value systems and modifications in the individual’s position in relation to such social value systems” (2010, p.6.3).

Breakwell (1986) suggested that two universal, dynamic processes manage this structure: assimilation/accommodation and evaluation. Assimilation describes the process by which new features are absorbed into the identity structure, whilst accommodation describes how the existing structure modifies itself in order to create space for the new features. In evaluation, components of the identity are assigned meaning and value/affect. Furthermore, Breakwell (2010) proposed that these identity processes are underpinned and directed by four principles: continuity, distinctiveness, self-efficacy and self-esteem. She suggested that a threat to identity occurs when these universal processes are unable to adhere to these motivational principles. Due to the antipathetic nature of these threats, Breakwell contended

that they may necessitate modifications be made to either the content or the value dimensions. Breakwell (1986) also suggested that individuals will employ coping strategies to manage these threats. These include “any activity, in thought or deed, which has as its goal the removal or modification of a threat to identity” (p.192).

As a final point, Breakwell (2014) argued that social representations are hugely significant to the construction and maintenance of individual identities, as they “allot meaning and value to experiences” (p.118). She suggested that they can affect individuals through them being directly aware of them, or indirectly through shaping the way others treat and react towards them. Moscovici, the author of Social Representations Theory, defined social representations as:

“Systems of values, ideas and practices with a two-fold function; first, to establish an order which will enable individuals to orientate themselves in their material and social world and to master it; secondly, to enable communication to take place amongst members of a community by providing them with a code for social exchange and a code for naming and classifying unambiguously the various aspects of their world and their individual and group history.” (Moscovici, 1973)

1.3.2.1. *Sexual identity development*

One’s sexual identity is how one thinks about and chooses to label oneself in light of the attractions one feels, behaviours one engages in and relationships and values one has, as Yarhouse (2013) explained: “sexual identity refers to how you identify yourself – as heterosexual, Gay or gay, lesbian, bisexual, questioning and so on” (p.84).

Early theories of sexual identity development concentrated on sexual minority populations and conceptualised identifying as lesbian or gay, also known as 'coming out', as a process or series of stages through which people pass (Cass, 1979; Coleman, 1982; Morgan, 2013; Savin-Williams & Diamond, 2000; Troiden, 1979). One of the most widely cited models is Cass's (1979) 6 stage Homosexual Identity Formation Model, which Clarke et al. (2010) noted "was the first to be published and is the archetype on which most subsequent models have been based" (p.154). It proposed that individuals move through these six different stages sequentially as they come to accept their sexuality, both internally and externally. By the 1990s, several theoretical stage models describing lesbian and gay identity development had emerged, and whilst the number of stages and their names differ between theories, as Bilodeau and Renn (2005) noted, "they share common characteristics" (p.26). These included a growing awareness and tentative acceptance of one's feelings for others of the same-sex, exploring and experimenting with these feelings (both emotionally and behaviourally), assuming a lesbian or gay self-identity and integrating it into overall identity (Bilodeau & Renn, 2005; Clarke et al., 2010; Eliason & Schope, 2007; Gonsiorek, 1995). However, whilst the "linear progression in these models is intuitively appealing" (Savin-Williams & Diamond, 2000, p.608), research has revealed sexual identity development is a complex and multidimensional process for *all* individuals (Morgan, 2013) and led scholars to argue that "stage-models oversimplify the process of sexuality/gender identity development and are inadequate for capturing the complex process of coming to identity as LGBTQ" (Clarke et al., 2010, p.159).

To explain, many of the stage models view sexuality as being natural and fixed. and suggest that individuals unearth their 'real self' through self-examination and reflection (Clarke et al., 2010). They also consider that individuals develop their sexual minority identities in a linear and sequential process and consequently do not allow for movement between stages or identities. However, research has indicated that individuals follow diverse trajectories and that they differ in their sexual orientation identity development (Maguen, Floyd, Bakeman &

Armistead, 2002). It has also suggested that individuals can experience fluidity in their sexual identity, meaning that it can change over time (Diamond, 2008; Ward, 2015). Furthermore, stage models are based on binary understandings of sexuality (heterosexuality/homosexuality), but research has revealed considerable diversity in how individuals identify, and some has even suggested that individuals are rejecting all sexual identities: Savin-Williams (2014) discovered “some are choosing unconventional sexual identities and others are forgoing a sexual identity altogether” (p.6).

Another criticism levelled at these stage models is that social, cultural and historical contexts are neglected (Clarke et al., 2010); Cohler and Hammack’s (2007) research indicated that identity development is indeed influenced by these factors. In addition, stage models neglect the role of multiple individual differences, such as race and gender and how these interact with sexual identity development (Shapiro, Rios & Stewart, 2010); as Savin-Williams and Diamond (2000) found, “gender matters” (p.626). More contemporary models have recognised the complex and multidimensional nature of sexual identity development (Morgan, 2013). For example, Dillon, Worthington and Moradi’s (2011) Unifying Model proposes 5 nonlinear and flexible statuses and considers “the intersection of contextual factors that influence the individual and social processes underlying sexual identity development” (Dillon et al., 2011, p.649).

Both traditional and contemporary models view disclosure of one’s sexual identity to others as a developmental milestone, as it demonstrates a commitment to that identity (Maguen et al., 2002; Morris, 1997; Rosario, Schrimshaw, Hunter & Braun, 2006). Studies have indicated that disclosing one’s sexual identity, or ‘coming out’, can be an incredibly stressful experience, as individuals are aware of the potential stigma and consequences of not identifying as heterosexual in a heteronormative culture (Muñoz-Plaza, Quinn & Rounds, 2002; Ragins, Singh & Cornwell, 2007; Weston, 1991). Research has also revealed that disclosure to family

can result in increased verbal and physical abuse and mental health problems, including suicidality, amongst young people (D'Augelli, Hershberger & Pilkington, 1998) and that disclosure in the workplace can lead to discrimination and harassment (Chung, 2001; Colgan, Creegan, McKearne & Wright, 2008; Hunt, Cowan & Chamberlain, 2007). Importantly, other studies have revealed more positive and supportive experiences of sexual identity disclosure at both home and work (Padilla, Crisp & Rew, 2010; Rosario & Schrimshaw, 2013). Such fears and negative experiences could explain why some LGBTQ+ individuals refrain from disclosing to friends, family and at work (Colgan et al., 2008; Rosario & Schrimshaw, 2013). Notably, Clarke et al. (2010) suggested that one of the shortcomings of research on sexual identity disclosure is that "it focuses solely on initial disclosure, ignoring the way in which for LGBTQ people disclosure is an ongoing phenomenon rather than a one-off event" (p.165).

1.3.2.2. Gender identity

A person's gender identity can be understood as being their "innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth" (Human Rights Campaign (HRC), 2018).

In Western society, the dominant belief is that people are born with a biological sex, either male or female, and that this determines their gender: "males naturally become masculine in gender and appearance (their gender as men) and... females naturally become feminine (their gender as women)" (Barker & Richards, 2017, p.283). In this approach, gender is viewed as binary, innate, fundamental and enduring. Such understandings are supported and underpinned by biological models on the origins of gender identity (e.g., Wilson, 1975), which contend that male and female traits and differences between them are due to genetics, hormones and physical factors.

However, several scholars have challenged this commanding view and contended that instead, gender should be viewed as a social construct and something that it is created, produced or performed through social interactions and structures (Butler, 2006; Hart, 1996; Lorber, 1994; West & Zimmerman, 1987). To support their claims, critics have highlighted several shortcomings of popular understandings of gender that echo the previously discussed criticisms of conceptions of sexual identity. For example, feminist scholars have demonstrated and criticised how views of women as being 'pretty', 'emotional' and 'passive' and images of men as being 'strong', 'assertive' and 'independent' are continually used to "justify gender inequality and the continued oppression of women" (Lindsey, 2011, p.52). In addition, opponents have argued that to view all women as homogenous is to ignore intersectionality and overlook how other factors such as race, age, social class and sexuality influence one's gender (Butler, 2006; Shields, 2008; Spelman, 1988). Furthermore, the gender binary has been criticised for failing to recognise gender diversity: some individuals' gender identities differ from their sex assigned at birth, some identify as 'genderqueer' or 'non-binary' because they do not identify with either male or female genders or they identify as both or an amalgamation of the two, and some consider themselves to be 'gender-fluid' because they "experience multiple and sometimes contradictory gender identifications" (Clarke et al., 2010, p.153). Significantly for these individuals, deviation from and non-conformity with gender norms can result in others' adverse reactions and prejudice and discrimination (Mavin & Grandy, 2012; Toomey, Card & Casper, 2014).

1.3.3. Queer theory

Queer theory views the world as being made up of "falsely bounded categories that give the impression of fixity and permanence where none 'naturally' exists" (Crawley & Broad, 2008, p.551). It considers binary categories, such as heterosexuality/homosexuality, to be power relations that construct normality versus deviance, and argues that they regulate and manage

society through encouraging conformity and punishing aberration (Adam, 2002; Oswald, Kuvalanka, Blume & Berkowitz, 2009; Taylor, 2012); as Oswald, Blume and Marks (2005) noted, to reveal oneself to be on the 'wrong' side of these binaries, for example, by doing sexuality, gender or family too queerly, is "to expose oneself to risk: risk of rejection by members of one's family of origin, hostility from neighbours and friends, interference from the state, threats to one's livelihood from employers, and physical violence from strangers and acquaintances" (p.153), and this may explain why individuals decide to conform or hide. Drawing on Foucault (1978), queer theory considers discourse to be the medium through which power operates. Hare-Mustin (1994) defined discourse as "a system of statement, practices and institutional structures that share common values" and noted that it "includes both linguistic and non-linguistic aspects: it is the medium that provides the words and ideas for thought and speech, as well as the cultural practices involving related concepts and behaviours" (p.19). Thus, discourse and language are considered to determine and influence how we view and understand what is 'real' and 'legitimate' (Hudak & Giammattei, 2010), and the terms available to us are seen as constraining what we say and what we know; as Hare-Mustin (1994) suggested "we do not only use language, it uses us. Language is recursive: it provides the categories in which we think" (p.22, as cited in Hudak & Giammattei, 2010, p.49). Furthermore, dominant meanings and language are considered to maintain the status quo and justify the hierarchies of power and status that exist, and exclude the experiences of other groups (Hare-Mustin & Marecek, 1990, 1997). Queer theorists maintain this is hugely problematic and consider "what is silenced or left unsaid is of tremendous consequence" (Hudak & Giammattei, 2010, p.49).

In contrast to seeing identities as natural and fixed, queer theory argues that they are fluid and, drawing on Butler (2006), constructed through repetitive performance. Consequently, gender, sexuality and family are considered to be things that people 'do', rather than things that they have (Morgan, 1999; Stiles, 2002); as Oswald et al. (2005) noted, "to see it as something we *have* is to beg the question of what family is in advance of knowing what the

family-making process has created” (p.150). Consequently, queer theory seeks to challenge dominant discourses, expose the flawed beliefs and principles that have constructed boundaries of centrality and marginality, and redraw power relations so that those who queer have equal access to rights and resources (Taylor, 2012). Oswald et al. (2009) proposed that an analysis of heteronormativity and heterosexuality is central to this.

Drawing on the work of Ingraham (1996), Oswald et al. (2005) suggested that heteronormativity is an ideology that advances “gender conventionality, heterosexuality, and family traditionalism as the correct way for people to be” (p.143). They proposed that heteronormativity is underpinned by a value system that involves at least three binary opposites: ‘real’ males and females, in opposition to those who do not conform to gender stereotypes; ‘natural’ sexuality, meaning heterosexuality, in opposition to ‘unnatural’ sexuality, meaning all other types, and; ‘genuine’ families, meaning those formed by biological and legal ties, in opposition to ‘pseudo’ families, meaning other forms of relations (Oswald et al., 2005). Furthermore, they argued that these three binaries converge as “doing sexuality and doing family properly are inseparable from doing gender properly... to know oneself as a “real” man is to feel attractions to women, to have sex with them, and eventually to make families with them” (p.144). Having deconstructed heteronormativity, Oswald et al. (2005) challenged these binary categories and proposed an alternative approach that recognises and supports ‘complex’ gendering, sexualities and families. Importantly, they advanced that through using their conceptual model and applying a queer lens to family studies research, we can better understand “how heteronormativity is both resisted and accommodated at multiple levels with regards to gender, sexuality and family” (Oswald et al., 2009, p.49), and how the families that come to be are experienced.

1.3.4. Intersectionality

Crenshaw coined the term 'intersectionality' in 1989 to highlight "the 'multidimensionality' of marginalized subjects' lived experiences" (Crenshaw, 1989, p.139). Criticising scholars' proclivity to treat race and gender as discordant categories of experience and the dominance of a single axis framework, she instead proposed that we need to consider how race and gender interact to better understand the experiences of women of colour, arguing that "the intersectional experience is greater than the sum of racism and sexism" (p.140).

Despite its subsequent use in critical race studies during the 1990s, the concept of intersectionality has only been applied to psychology more recently (Cole, 2009; das Nair & Butler, 2012). It has been proposed that this was likely due to "considerable confusion about what the concept means and how to apply it in feminist scholarship" (Davis, 2008, p.67; McCall, 2005); whilst some consider it to be a theory, others view it as a concept, heuristic device, or feminist analytical tool (Davis, 2008). Nevertheless, several scholars have offered explanations, and Phoenix's (2006) description of intersectionality as a "handy catchall phrase that aims to make visible the multiple positions that constitute everyday life and the power relations that are central to it" (p.187) has been well received, with Das Nair and Butler (2012) praising it for "making visible multiple identities ... which are relevant in daily life, and ... acknowledging that it does not happen in a power-vacuum" (p.2). Furthermore, insofar as the definitions and explanations that have been proposed may vary, Davis (2008) argued that these ambiguities do not render intersectionality useless and suggests that instead, "paradoxically, precisely the vagueness and open-endedness of 'intersectionality' may be the very secret to its success" (p.69).

With regards to the application of intersectionality in psychology, McCall (2005) suggested that the lack of clear guidelines on how to study it might explain its absence, especially given

“the complexity that arises when the subject of analysis expands to include multiple dimensions of social life and categories of analysis” (p.1772). Cole (2009) subsequently proposed a framework and three questions to help psychologists recognise and consider the effects of multiple social categories. Her first question, ‘Who is included within this category?’, encourages researchers to recognise the heterogeneity of social categories, as she argued that too often subcategories have been presented as representative of the whole; for example, the experiences of white, middle class heterosexual mothers have been presented as representative of all mothers. Cole’s second question, ‘What role does inequality play?’ recognises the role and significance of power. She argued that we cannot ignore individuals’ cultural and historical contexts and that we must recognise how categories such as gender, social class, race and sexuality are associated with inequalities and stigmas. Furthermore, she suggested that as a consequence of their multiple category memberships, individuals and groups are positioned “in asymmetrical relation to one another, affecting their perceptions, experiences and outcomes” (p.173); das Nair and Butler (2012) further explained how, depending upon their positions in this fluid hierarchy, individuals and groups will experience “differing levels of ‘privilege and power’” (p.2). Finally, Cole’s third question, ‘Where are there similarities?’ encourages researchers to recognise similarities between categories that tend to be seen as intrinsically different.

Inevitably, as das Nair and Butler (2012) noted, the project of intersectionality is “forever incomplete” (p.3) on account of the “endless possibilities of permutations and combinations of identities and social positions that people inhabit, and because of the amorphous and dynamic nature of these identities and positions” (p.3). Nevertheless, it offers us the chance to gain better understandings of how different aspects of individuals’ lives interact and experiences that were previously overlooked. Consequently, McCall (2005) claimed that intersectionality is “the most important theoretical contribution that women’s studies, in conjunction with other fields, has made so far” (p.1771) and Nash (2008) asserted that it has become “the ‘gold

standard' multi-disciplinary approach for analysing subjects' experiences of both identity and oppression" (p.2). Davis (2008) similarly suggested that "most feminist scholars today would agree that intersectionality is essential for feminist theory" (p.68) and warned that any scholar who ignores differences and diversity amongst women "runs the risk of having her work viewed as theoretically misguided, politically irrelevant or simply fantastical" (p.68).

1.3.5. Theories of mothering and motherhood

This section describes some of the main theories on mothering and motherhood. Essentialist, social constructionist and feminist approaches are presented to show the breadth of thought and in a way that seeks to demonstrate how current understandings of mothering and motherhood have developed.

1.3.5.1. *Essentialism*

Essentialism is a philosophical theory that considers people and phenomenon to have a fundamental and abiding 'essence', or set of characteristics, which are "established prior to its existence and which determine what shape that existence will take" (Coulter, 2010, p.358). Essentialists consider women to have innate female capacities that mean they desire biological children, that they instinctively know how to nurture and care for these children, and that they will selflessly do this above all other goals until their child reaches adulthood and be emotionally fulfilled by doing so (Coulter, 2010; Stanworth, 1987). Crucially, as Coulter (2010) noted, an important "subtext of essentialist thinking is that natural female sexuality is heterosexuality" (p.2), as the idea that they will become mothers supports their sexual impulses.

1.3.5.2. *Social constructionism*

In contrast to essentialism, Sardadvar (2010) explained that social constructionism “rejects the assumption that practices of mothering, traits of mothers, and meanings of motherhood are in any way natural, biological, or inevitable” (p. 1134). Instead, social constructionism posits that motherhood is something that is continually created by members of society through discursive activity (Mayer, 2012). As Andrea O’Reilly (2004) wrote:

Motherhood is primarily not a natural or biological function; rather it is specifically and fundamentally a cultural practice that is continuously redesigned in response to changing economic and societal factors. As a cultural construction, its meaning varies with time and place; there is no essential or universal experience of motherhood (p.5).

Consequently, social constructionists seek to demonstrate the ways in which understandings of motherhood have been generated and reproduced, and to further deconstruct meanings that have become so dominant that they are taken for granted and assumed to be part of some external pre-existent reality (Freedman & Combs, 1996) at the expense of alternative perspectives, truths and theories. Some have sought to do this through demonstrating how understandings and practices of motherhood have varied throughout history (e.g., Hays, 1996; Apple & Golden, 1997) whilst others have highlighted cultural variations (e.g., Georgas, Berry, von de Vijer, Kagitcibasi & Poortinga, 2006).

1.3.5.3. *Feminist scholarship*

During the 1970s, feminist scholarship emerged that sought to challenge essentialist readings of the self, hegemonic representations of motherhood and the image of the ‘good mother’ as being white, middle-class, heterosexual, married, monogamous, an intuitive nurturer who

guides and cares for her children whilst also being responsible for and maintaining the home, financially dependent upon her husband and happy and fulfilled by all of this (Arendell, 2000; Johnston & Swanson, 2003; Krane & Davis, 2007; Wearing, 1984).

In her pioneering text, *Of Women Born*, Rich (1976) suggested that such dominant understandings of motherhood are a construction through which patriarchy and capitalism collude to oppress women and deny them developing goals and desires outside of the home. Through distinguishing between mothering and motherhood, and suggesting that the former, freed from motherhood, could be a site of empowerment, she paved the way for feminist scholarship that viewed “mothering as a site of power and resistance for women” (Lapayese, 2017, p.164; see also O'Reilly, 2006). Ruddick's (1989) subsequent work on mothering as a practice was the first to theorise the experience of mothering, as opposed to the institution of motherhood. Strikingly, she referred to a mother as being someone who does mothering, which implies that one can engage in mothering with a child that isn't theirs, either biologically or by birth (though at the time she wrote these tended to be one and same thing). Cooley and Stone (2009) welcomed her “impulse to see ‘mother’ as a broad and shifting category” arguing that “rather than foreclosing or delimiting possibilities, Ruddick's definition of ‘mother’ opens the field for exploration” (p.15).

Since these ground-breaking texts (which are not without their critiques, but to discuss these is beyond the scope of this Introduction) scholars have continued to challenge dominant understandings of mothers, motherhood and mothering through exploring the experiences of mothers from different cultures, classes, ethnicities and sexualities and those of who have adopted, used reproductive technologies, who work, are single and more (e.g. Arendell, 2000; Bailey, Brown, Letherby & Wilson, 2002; Chang, 1994; Hill-Collins, 1994; Dill 1994; Glenn, 1994; Garcia Coll, Surrey & Weingarten, 1998; Lewin, 1994; Hayman, Wilkes, Jackson & Halcomb, 2013). In addition to challenging hegemonic ideas about who can and should be a mother, these have revealed some of the complexities of mothering, how these may vary

depending on the individual's standpoint and how mothering is a sight of ambivalence that is experienced as joyful and fulfilling, but also associated with anxiety, depression and negative psychological wellbeing (Nomaguchi & Milkie, 2003; Ross, 1995).

Whilst there have been some shifts in how society perceives and portrays motherhood, for example lesbianism and motherhood are no longer considered mutually exclusive, non-traditional families are celebrated in popular TV shows (e.g. *The Fosters*), and mothers are recognised as being able to have successful careers, nevertheless intensive mothering ideology (Hays 1996) continues to be “the normative standard ... by which mothering practices and arrangements are evaluated” (Arendell, 2000, p.1195) and the dominant image of the ‘good mother’ as being situated within a biological, heterosexual nuclear family remains (Douglas & Michaels, 2005); as das Nair and Butler (2012) noted, “socially accepted notions of ‘family’ and ‘parenthood’ are heavily underpinned by heterosexual gender norms” (p.48).

Ruddick (1989) suggested that the image of the good mother “casts a long shadow over other women's lives” (p.31). To allow women to step into the light, Arendell (2000) argued:

We need more attention to the lives of particular mothers – to mothers' own voices, to the lives and voices of diverse groups of mothers by focussing our investigation on mothers' identities, experiences and activities, and their understandings of each, we can secure far more realistic and normative portrayals of mothers' lives that those affords by sweeping images (p.1202).

1.3.6. The transition to motherhood

1.3.6.1. *Becoming a mother*

Becoming a mother is considered to be a life-transforming experience and a time of multifaceted change for women (Mercer, 2006; Redshaw & Martin, 2001; Smith, 1999). It is viewed as a challenging and complex process that involves “extensive psychological, social and physical work” (Mercer, 2006, p.649) as women seek to learn the tasks and activities of mothering and integrate motherhood into their identities (see Barclay, Everitt, Rogan, Schmied & Wyllie, 1997; Choi, Henshaw, Baker & Tree, 2005; Holloway, 2001, 2015; Laney, Hall, Anderson & Willingham, 2015; Mercer, 2006; Miller, 2005, 2007; Oberman & Josselson, 1996; Rubin, 1984; Ruddick, 1994). Consequently, during it, women are considered to experience increased vulnerability and be at greater risk of mental ill health and psychological distress (Arendell, 2000; Barclay et al., 1997; Goldsteen & Ross, 1989; Goodman, 2009; Mercer 2006). However, once they have made the ‘initial transition’, having learnt some of the tasks and activities of mothering and incorporated motherhood into their identities, women are thought to enjoy a better mental wellbeing and a sense of harmony, confidence and satisfaction (Barclay et al., 1997; Laney et al., 2015; Mercer, 2004; Miller, 2007).

Much of the literature on the transition to motherhood focuses on heterosexual women, often white and married, who conceived through sexual intercourse, and this has been criticised for failing to recognise the unique challenges faced by minorities, including same-sex couples, as they create their families. Consequently, this section will mainly focus on scholarship that is specifically concerned with the experiences of LGBTQ+ women as they become mothers. However, prior to this a handful of theories and studies on the transition to motherhood will be considered, as whilst it is recognised that to suggest all women will experience the transition to motherhood the same is extremely short-sighted, to conversely suggest that there are no

overlaps is arguably equally so, and could be seen as a case of throwing the baby out with the bathwater. The studies presented below have been selected due to their prominence within the literature and relevance to this study.

Drawing on nursing research reports, Mercer (1981, 2004, 2006) proposed that women go through 4 stages in the process of becoming a mother: (1) committing, attaching, and preparing for the infant during pregnancy; (2) acquainting themselves with and increasing their attachment to the infant, learning how to care for the infant, and engaging in physical recovery during the early weeks following the birth; (3) moving towards a new normal in the first four months; and (4) achieving a maternal identity around 4 months. She proposed that during the first stage women cease unhealthy habits and engage with healthcare services to ensure a successful pregnancy, whilst in the second, following the birth, women learn to comfort and care for their infants through trial and error. During the third stage, Mercer suggested that women establish their way of mothering and adapt to their shifting relationships. In the final stage, she contended that women achieve “a new normal” (p.231) in their relationships, accept responsibility for their infant, feel secure in their mothering ability and integrate their motherhood into their identity. Parratt and Fahy (2011) have criticised Mercer, arguing her research “substantiated the transition to motherhood metanarrative initiated by Rubin” and that “metanarratives are myths that pass themselves off as scholarly theories, but in fact oversimplify and blind us to subtleties, complexity and exceptions” (p.458).

Sixteen years after Mercer’s seminal work, Barclay et al. (1997) analysed women’s experiences of early motherhood and found that mothers undergo a “profound reconstruction of self” (p.727) during this period. They concluded that becoming a mother was a challenging time that led many of their participants to feel alone and exhausted and that these difficulties had a negative impact on their relationships. Fortunately, they further found that, with time, participants were able to “renegotiate their relationships” (p.727) and integrate their new motherhood into their identities. Furthermore, they found that as babies became less needy,

mothers had increased opportunities for sleep and time to themselves and mothers and babies are able to engage in more enjoyable interactions, mothers felt less anxious and more confident. Their findings led Rogan, Schmied, Barclay, Everitt and Wyllie (1997) to propose six categories in the process of becoming a mother: 1. Realising, when the impact of becoming a mother becomes fully apparent; 2. Unreadiness, for the reality of motherhood; 3. Drained, from the demands of the new role; 4. Aloneness, and feeling unsupported; 5. Loss, of time, independence and self; 6. Working It Out. Rogan et al. (1997) themselves acknowledged limitations of their model, which included that it was only tested within “one context” (p.884) and was based upon data they collected in the “early mothering period” (p.884), following the pregnancy and birth. They also proposed that to better understand why the process of becoming a mother seems to be so challenging in Western society, future scholarship needs to consider social, political and cultural factors.

Miller’s (2005, 2007) subsequent work on the transition to motherhood considered exactly that: how women’s experiences of motherhood are shaped by social and cultural contexts. Miller (2007) found that the women’s ideas and expectations about becoming mothers, which she argued are shaped by cultural understandings and dominant discourses, differed from their experiences and that this disparity led many of them to struggle and feel that they were not coping in the initial months. Her work illustrated the “different ways women discursively position themselves during the transition: how they draw on, engage with, and interweave strands of powerful discourse that circumscribe motherhood” (p.355) and make sense of becoming mothers. Miller found that by the time their children were nine months old, the women in her study had developed a sense that they best knew their child and what they needed and that they no longer adhered to popular opinion; in this respect, it appeared that rather than conforming to the image of the good mother, they started to challenge it. She concluded that, for these women “the passage of time, first-hand mothering experience, and importantly, the space and dynamic created between the two, have facilitated new ways of weaving together discourse and experience” (p.354), and this seemed to support better

psychological well-being.

Choi et al.'s (2005) study also addressed the role of culture in the transition to motherhood. Participants in their study described feeling that they had been "unprepared" (p.167) for motherhood and that their expectations were due to the "various myths of motherhood" (p.167). The disparity between participant expectations and their lived experiences appeared to have contributed to feelings of inadequacy. Furthermore, the women in their study described how a fear of being seen to struggle motivated them to hide their true experiences and instead portray themselves as "supermum, superwife, supereverything" (p.167), which Choi et al. (2005) concluded perpetuates and reinforces cultural norms.

Finally, more recently Laney et al. (2015) considered women's identity changes in the process of becoming a mother. Their study found that participants experienced "a sense of self-loss" (p.131) when they first became mothers, but that as their babies became older they felt more assured in both themselves and their abilities as mothers and more secure in their mothering identity. Notably, it appeared that participants developed their sense of being a mother in different ways and that whilst most appeared to develop it gradually, through engaging in mothering, others acquired it in a "distinct memorable instant" (p.131); whilst for most this happened after the birth, for others it occurred earlier.

1.3.6.2. *Becoming an LGBTQ+ mother*

While the journey to motherhood is seen as challenging for all women, scholars have recognised that it can be especially so for LGBTQ+ women as they "navigate the usual challenges of motherhood alongside the adversity of birthing and raising children in a heteronormative societal context" (Hayman, Wilkes, Halcomb & Jackson, 2013, p.121. See also Dunne, 2000; Hequembourg, 2004; Hequembourg & Farrell, 1999; Perlesz & McNair, 2004; Webber, 2010). These women are tasked with having to redefine the meaning and

content of motherhood, kinship and family, without strong role models to guide them, as they continue to be marginalised by society (Ben-Ari & Livni, 2006; Hayman & Wilkes, 2017; Wojnar & Katzenmeyer, 2014).

Several scholars have highlighted how, despite increasing visibility and social acceptance, LGBTQ+ mothers and families continue to experience stigmatisation, discrimination and harassment (Ryan-Flood, 2009). For example, Goldberg, Ryan and Sawchyn (2009) argued that “a homophobic and hetero-centric mind-set continues to pervade the healthcare system” (p.537) and Hayman, Wilkes, Halcomb and Jackson (2013) found that lesbian women in their study experienced four types of homophobia in their encounters with healthcare services and staff, which included exclusion, heterosexual assumptions, inappropriate questioning and refusal of service. Their study supported the earlier work of Robinson (1997) and Ryan and Berkowitz (2009), which found that lesbian mothers experienced restricted access to “reproductive pathways” (Ryan & Berkowitz, 2009, p.159) on account of heterosexism and homophobia, and led them to conclude that “*de novo* families are a vulnerable group when accessing healthcare, particularly during the pre-natal, peri-natal and postnatal period” (Hayman, Wilkes, Halcomb & Jackson, 2013, p.126). In light of these findings, studies that have found LGBTQ+ individuals are anxious about accessing healthcare and the implications of disclosing their sexuality are perhaps unsurprising (Wilton & Kaufman, 2001; Goldberg et al., 2009).

Beyond the healthcare system, Hequembourg and Farrell (1999) found that the lesbian mothers they interviewed had experienced “varying levels of resistance from their social networks” (p.540), including their families of origin. Hequembourg (2004) reported that whilst all the parents of lesbian mothers through AI and adoption had been incredibly supportive of their daughters’ relationships prior to having children, some felt unsure of their daughters’ decisions to have a family. Johnson and O’Connor (2002) similarly reported that whilst on occasions lesbians anticipated more disapproval from their families about their decision to

start a family than they ultimately experienced, their family members' initial responses were nevertheless "a source of stress and disappointment for prospective parents and nearly half of the lesbians... in [their] sample did face familiar disapproval" (p.110).

1.3.6.2.1. *Becoming a LGBTQ+ mother through Artificial Insemination (AI)*

Prior to discussing research on becoming a LGBTQ+ mother through AI, it is important to note that the partner who does not carry the pregnancy and give birth and who is not biologically connected to the baby is described differently throughout the literature. Popular terms include 'non-biological mother', 'non-birth mother', 'other mother' and 'co-mother' (Brown & Perlesz, 2008; Muzio, 1993). As in other places throughout this thesis, when discussing the work of others, I have, as much as is possible, used their preferred terms.

Research has revealed that the transition to motherhood for LGBTQ+ couples who conceive through AI can be challenging because it breaches the equality they have enjoyed up until that point, as only one of them can be genetically related to the child and experience pregnancy and birth (Ben-Ari & Livni, 2006; Muzio, 1993; Pelka, 2009). Consequently, due to dominant and heteronormative family ideologies that affirm biological relatedness as critical to the establishment of genuine families and true mother and parenthood, only one may be socially and culturally recognised and treated as the mother and parent, and depending on when and where they conceived and are living, only one of them might be legally recognised as such (Ben-Ari & Livni, 2006; Clarke, 2008; Dunne, 2000; Muzio, 1993; Ryan & Berkowitz, 2009); fortunately, in the UK, the amended Human Fertilisation and Embryology Act 2008 introduced ways for LGBTQ+ 'non-birth mothers' to automatically establish their legal parenthood (Nordqvist, 2012; Stonewall, 2015). Such inequalities can cause the non-birth mother to feel further marginalised, excluded and invisible, and as a result they are considered to be especially vulnerable during this period (Brown & Perlesz, 2007; Hayman & Wilkes, 2017). More detailed consideration of some of literature on the experiences of non-birth

partners as they become mothers is given below.

Wojnar and Katzenmeyer's (2014) study revealed the transition to parenthood for lesbian 'non-biological mothers' to be a complex process, during which they can experience "feeling different, invisible and isolated" (p.59). For example, many of their participants described feeling that, throughout the entire process, the baby was "hers", meaning their partner's, rather than 'theirs', and that they were not needed. Several recalled feeling emotionally disconnected from the bonding process and how, following the birth, their attachment to the baby developed over time as they engaged in childcare, rather than experiencing "an instant "falling in love"" (p.56). Notably, many of them explained their non-instant attachment in terms of their lack of biological connection. Similarly, Hequembourg and Farrell (1999) noted that some co-mothers in their study articulated how a lack of physical connection left them feeling "emotionally distant" (p.550) from their child.

Paldron (2014) too found that for lesbian non-biological mothers, not having a genetic connection to their child was a significant challenge that seemed to affect their relationships with them, their partners and their experiences in the public sphere. For example, she found that for many of the women, not carrying, birthing and nursing their child meant they felt "less connected to them, at least initially" (p.136), and caused them to question whether the baby would love them equally. For those that had also wanted to perform these roles, many described experiencing a profound grief about not having been able to and also a jealousy and resentment towards their partners that had, which had affected their relationship; notably where they bottle-fed, participants described experiencing a more equal sense of motherhood. Furthermore, it seemed that whilst many identified as mothers following the birth, they felt like secondary ones, or "third wheels" (p.136), which negatively impacted upon their self-esteem and relationships. Socially, the women reported feeling they were not recognised or acknowledged as mothers when out in public and that "others viewed them as "less than" the birth mother due to their lack of genetic connection" (p.149).

Further to Paldron's findings, Wilton and Kaufman (2001) found that some lesbian 'co-mothers' felt they were not recognised as legitimate mothers and that as a consequence they were marginalised or excluded during healthcare interactions. Similarly, the non-birth mothers in Hayman, Wilkes, Jackson and Halcomb's (2013) study reported experiencing homophobia and feeling stigmatised in their dealings with healthcare services, as well as being "acutely aware that others throughout society did not perceive them to be genuine parents" (p.273). The authors suggested that, as a consequence, the mothers in their study sought to legitimise their roles within their families and boost their sense of connection and kinship through methods that included performing the insemination, attending appointments together, being present at the birth, participating in the delivery and cutting the cord, using names and performing commitment and naming ceremonies. This is in line with the work of Nordqvist (2010) who found that lesbian mothers placed emphasis on matching the physical characteristics of the sperm donor with the non-birth mother, to promote a feeling of connectedness. Melville (2016) has suggested that such decisions support the "hegemonic notion of 'sameness'" (p.6) and therefore, that in addition to recognising how lesbian-led families challenge dominant conceptualisations of family, kinship motherhood and parenthood, we need to consider how lesbians are making decisions that accommodate and align with them: "lesbians not only recognise heterosexual norms, but choose to adopt them in order to make things easier, given being a lesbian parent ... presents enough challenges" (Melville, 2016, p.6). Similarly, Nordqvist (2012) considered how lesbian couples who conceive using donor sperm navigate Euro-American kinship discourse and concluded that "lesbian couples weave together old and new understandings of relatedness in complex patterns, and that this enables them to assert authority as parents" (p.297). Folgerø (2008) also concluded that hegemonic, heteronormative understandings of family and parenthood are "simultaneously transgressed and reproduced" (p.124) by lesbian couples as they create their families.

Padavic and Butterfield (2011) described co-mothers as often feeling caught in an “identity-limbo” (p.178), because they do not fit neatly into either of the binary categories mother or father, as they are not biologically related, did not give birth and are not men. They found that the women in their study emotionally struggled to develop a parental identity and that for many of them, encounters in the public domain undermined their sense of themselves as a legitimate parent. Approximately a third of the women they spoke to identified as ‘mothers’, with a second third identifying as ‘fathers’ and a final third identifying as “mathers” (p.189). It appeared that the women who identified as fathers did so because they did not feel they met their own ideas about what a mother was, which left them to choose the (binary) alternative, and that the women who identified as mathers did so because they felt neither the term mother nor father were appropriate and so they created a new one that was a combination of the two. Echoing several other studies, the women who identified as mothers described how “social forces that positioned them as inferior, including language that positioned them as *non*-birth mothers, *second* mothers, *other* mothers and so on” (p.186) left them struggling to legitimise their motherhood. Furthermore, several explained how this undermined their desires and abilities to embrace the term mother. Their findings led them to suggest that not all women want to mother, “with all the behavioural prescriptions the role entails” (p.176) and, therefore, that we need to consider how co-parents negotiate a parental identity, rather than just a maternal one; they argue that to only focus on the experiences of lesbian co-parents as mothers may “inadvertently reinscribe the heteronormative relationships that many lesbian families seek to dismantle” (p.176). The implications of this for this research study are unpicked and discussed in greater detail subsequently in the Discussion.

1.3.6.2.2. *Becoming a LGBTQ+ mother through Reciprocal IVF*

As noted previously, Pelka's (2009) study on the experiences of lesbian parents was the first to include lesbian mothers who conceive using Reciprocal IVF, and she considered their experiences alongside those of lesbian couples who created their families through AI and

adoption. Her findings suggested that Reciprocal IVF may enable mothers to overcome some of the challenges that lesbian-mothers who create their families through AI have been found to experience, through creating the perception of equitable biological motherhood:

Knowing that one is either the genetic mother or the birth mother of one's child appears to ameliorate emotional insecurities that often arise in the face of the public's challenge to one's maternal legitimacy as a non-biological parent, particularly in a dual mother household. Using IVF in this way also ameliorates emotional insecurities in private domains, that is, in the face of common infant preferences for the other parent (p.213).

However, since Pelka's study, there has been little research on the experiences of women who conceive through Reciprocal IVF and consequently much about how they experience the transition to motherhood remains unknown.

1.3.6.3. The role of pregnancy

It seems especially important to explore the genetic mother's experience of becoming a mother in these families, as whilst research has suggested that a genetic, biological link between mother and child can facilitate 'kin-claiming' and a woman's transition to motherhood (Olshansky, 1990; Pelka, 2009), maternal identity literature (Rubin, 1984; Mercer, 2004, 2006), together with research on fathers' experiences of becoming a parent (Sandelowski, 1994) and surrogacy (Teman, 2010), has suggested that pregnancy plays a vital role in this transition, leaving it unclear how the genetic mothers in Reciprocal IVF, who do not directly experience pregnancy, experience becoming a mother and negotiate the development of their maternal identities.

Maternal Identity theorists Rubin (1976, 1984) and Mercer (2004, 2006), both identified tasks that women accomplish during pregnancy, which they suggested are critical as they make the

transition to becoming a mother. Rubin (1976, 1984) proposed that achieving a maternal identity is a development process that begins in pregnancy and that there are four tasks to complete during this stage, which establish the “qualitative matrix of mothering” (Rubin, 1976, p.375). These are: safeguarding self and baby; seeking acceptance of, and support for, self and baby; “binding-in” (Rubin, 1976, p.372) to the baby, and; giving of self. Similarly, as outlined earlier, Mercer (2004) suggested that following conception a woman will commit to the pregnancy, cease unhealthy habits and seek healthcare to ensure the health and safety of her baby. In addition, she further suggested that women start to develop an attachment to their unborn child during this period, and that this heightens following foetal movement. Finally, Mercer suggested that during the pregnancy a woman will also daydream about being a mother and that she will seek familial approval and support.

Mercer’s contention that pre-natal attachment is influenced by factors such as quickening (foetal movement) is supported by the work of Lerum & LoBiondo-Wood (1989) and Bloom (1995), which found that quickening had a positive effect on the mother-child relationship and increased attachment. Furthermore, Rubin and Mercer’s shared belief that pre-natal attachment plays a significant part in the process of becoming a mother is also supported by Pelski (2007), who, following a review of the literature argued that “substantial evidence suggests that the quality of the relationship between mother and infant hinges on the mother’s relationship with the developing foetus, with which she develops an emotional attachment” (p.2). In addition, Lothian (2008) similarly argued that pregnancy, and the physical and hormonal changes a woman experiences during it, is designed to develop and grow the mother: “The physical and emotional changes of pregnancy, and then the experience of labour, birth, and breastfeeding play vital roles as women make the transition to motherhood” (p.43); as Kitzynger (1992) pointed out, “everything that happens once a baby is born is the outcome of all that has come before (p.82, as cited in Lothian, 2008).

This clear emphasis on the importance of pregnancy to the process of becoming a mother in

maternal identity literature is echoed in research on fatherhood and surrogacy. In her research on parenthood, Sandelowski (1994) commented that in a heterosexual relationship, whilst both pregnant women and expectant fathers have a relationship with the foetus, the former's is privileged, on account of her carrying it: "Her knowledge of the foetus is embodied (corporeal and concrete), she has a tactile and kinaesthetic awareness and an overall sense of knowing the foetus that her male partner cannot have" (p.233). The impact of this difference was relayed by a man in her study, who reported that not experiencing the sensations of pregnancy meant he lacked the "emotion of knowing he is going to be a father" (p.237) that results from carrying the foetus. He further explained that this meant he found it harder to accept, engage and become excited about what was happening. Meanwhile, Teman's (2010) study on surrogacy revealed that not carrying the pregnancy led 'intended mothers' to struggle with aspects of their transition to motherhood. For example, she explained that even though the gestational surrogates did not see themselves as the child's mother, or as rivals for the maternal title or the baby, and often repeatedly reassured the intended mother of this, "the intended mother still usually viewed the surrogate's gestation of *her* child as generating potential competing claims" (p.111).

1.4. THE RESEARCHER'S POSITION

This research study adopts a qualitative approach and analyses data using IPA. As qualitative researchers are viewed as being inevitably implicated in their studies and as shaping the knowledge they generate, researchers are encouraged to make their personal beliefs and stances clear (Nightingale & Cromby, 1998; Willig, 2013), which I seek to do here.

My own fertility journey led me to question my own understanding of what it means to be a mother, as I considered possible future paths that involved me neither carrying a

pregnancy nor being genetically linked to my children. These experiences encouraged me to develop a broader understanding of what it means to be mother, and belief that there not is a singular definition. I recognise that individuals will define what it means to be a mother differently to one another, influenced by the cultures and contexts within which they were raised and are embedded, and that these all have value. Whilst I recognise that a biological and genetic connection can lead some to identify as mothers, I do not view these as being necessary to do so and, drawing on Ruddick (1989), also consider a mother to be someone who engages in the practice of mothering, which involves assuming responsibility for and caring for a child. Furthermore, I consider there to be a myriad of different ways in which women can 'do' mothering: whilst for some it may involve remaining at home and being the primary caregiver, for others it may involve working whilst their partner or another assumes the main caregiving role, and that one should not be prized or valued over the other. Following on from this I also believe that there is no singular definition of family, and recognise, value, affirm and support the numerous different ways in which individuals can do family. Thus I consider myself to be both a feminist and queerist, who objects to and aspires to deconstruct dominant understandings of motherhood and family that continue to oppress, discriminate and silence women and individuals who do not conform to these, and this study should be viewed through this lens.

In addition, I adopt a critical realist position in this study, which recognises the existence of a real world, but considers that "ways of ordering the world, its categorisations and the relationships between them, cannot be justified in any absolute sense, and are always open to critique and their replacement by a different set of categories and relationships" (Scott, 2005, p.635). However, in line with my

integrative values as both a practitioner and researcher, various other epistemologies have accented this view; my ontological and epistemological beliefs are discussed in greater depth in the 'Methodology'.

As a final point, it feels important to state that this study does not seek to advocate either for or against couples conceiving via Reciprocal IVF. Rather it acknowledges it as a valid way of doing family and seeks to generate knowledge about how LGBTQ+ women who conceive in this way experience the process, in the hope that this will inform and benefit others considering conceiving in this way and support them in doing so.

1.5. RATIONALE FOR THIS STUDY

This Introduction has shown that becoming a mother is a profound, complex and life-altering experience for women, during which they experience increased vulnerability and are at greater risk of psychological distress and mental health difficulties. Furthermore, it has demonstrated that this transition can be particularly challenging for LGBTQ+ women, on account of hegemonic heteronormative ideologies on family, kinship and motherhood that inform their own and others' attitudes and behaviour, and can undermine their senses of legitimacy and psychological wellbeing. Whilst studies have considered the experiences of LGBTQ+ women who create their families through adoption and AI, this Introduction has highlighted how very little is known about a more recent and increasingly popular method of conception for women in same-sex relationships: Reciprocal IVF. This research seeks to close this gap in the literature and advance our knowledge through investigating these women's journeys to mother and parenthood. It asks the question 'How do LGBTQ+ women experience the process of becoming 'genetic mothers' through Reciprocal IVF with their partners?' The intention is to

give a voice to a group of women who have thus far been ignored and to generate findings that readers can relate and apply to their own personal and/or professional experiences (Smith, 2008). It is hoped that the outcomes will enrich the work of Counselling Psychologists as well as other professionals involved in the care of women who conceive through Reciprocal IVF, and furthermore, that they will be informative and helpful for LGBTQ+ women who have already conceived their family in this way, or those that are considering it. In addition, through shining a spotlight on these women's experiences and bringing them out of the shadows, this study aspires to increase their visibility within society and promote acceptance and support for them and the diverse ways people 'do' family.

CHAPTER TWO: THE METHODOLOGY

2.1. RESEARCH DESIGN

The aim of this study was to investigate how LGBTQ+ women who became 'genetic mothers' after conceiving through Reciprocal IVF with their partners (who became 'gestational/birth mothers' to the same child) experienced the process of becoming a mother, or parent, using qualitative methods. Data was collected from 7 participants using semi-structured interviews and then analysed using Interpretative Phenomenological Analysis (IPA).

2.2. CHOICE OF METHODOLOGY AND PHILOSOPHICAL CONSIDERATIONS

2.2.1. Rationale for adopting a qualitative approach

According to Smith (2008), "we are witnessing an explosion of interest in qualitative psychology [and] this is a significant shift in a discipline which has hitherto emphasised the importance of quantitative psychology" (p.1, as cited in Howitt, 2010, p.6). This research study further contributes to this trend and adopts a qualitative approach for several reasons.

Firstly, and most importantly, a qualitative approach fits with the aims of this study and generates the kind of knowledge this study seeks. Willig (2013) observed that qualitative research is "concerned with meaning" and "how people make sense of the world and experience events" (p.8), and this is line with this study's aim to understand 'what it is like' for LGBTQ+ women to become genetic mothers through Reciprocal IVF with their partners, and how they manage this experience. Qualitative approaches also seek to describe and interpret the meaning given to events by the research participants themselves and allow "novel insights and understandings to emerge from the data" (Willig, 2012, p.7) rather than test hypotheses

derived from theories and identify cause and effect relationships in a deductive manner that has proved popular in quantitative research (Riazi, 2016). Furthermore, they recognise that the meanings given are subjective and context specific (Braun & Clarke, 2013). These features of the approach mean that qualitative research better respects the meanings of participants, which accords with this study's feminist aspiration to challenge androcentric research within psychology (Sherif, 1987) and empower the participants (Hesse-Biber, 2007).

Nelson (2010) argued that another incentive for choosing a qualitative approach is its explicit acknowledgement of what Woolgar (1988, p.10) called the 'methodological horrors'; a term he coined to describe the practical and epistemological problems that occur in scientific work (Lynch, 2005). Parker (1999) contended that through recognising 'indexicality' (how an explanation is context specific rather than generalisable), 'inconcludability' (how an account can always, and endlessly, be added to and will change with each addition) and 'reflexivity' (the way in which our characterisation of a phenomenon then changes it), and viewing them as part of social and mental life and as part of the process of creating and critiquing knowledge, as qualitative approaches do, these methodological horrors can be transformed into "methodological virtues" (p.29).

Finally, this research has been undertaken as part of a Professional Doctorate in Counselling Psychology, and a qualitative approach is congruent with the profession's principles and values, as well as my own. To illustrate this, in the *Professional Practice Guidelines for Counselling Psychologists*, the BPS (2000) wrote that, "Counselling Psychology draws upon and seeks to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology" (p.1). They further elaborated that these models should seek to "engage with subjectivity and intersubjectivity", "respect first person accounts as valid in their own terms", "interpret...perceptions", "recognise social contexts" and "empower" (p.2).

2.2.2. Rationale for adopting Interpretative Phenomenological Analysis

The previous section identified some common and unifying characteristics of qualitative research that make it a suitable approach for this particular research study. However, despite a 'shared ethos' between the numerous qualitative approaches that exist, as Howitt (2010) recognised, "not all of... [these] sit comfortably together" (p.6). Willig (2012) similarly noted "differences between qualitative approaches to research can go deep and some varieties of qualitative research methodology are incompatible with one another" (p.7). When considering and comparing different qualitative approaches to data analysis, in order to choose one to be used in this study, I heeded Smith et al.'s (2009) advice, that it "is not so much a matter of choosing the 'tool for the job' (as it might be when selecting a quantitative method of analysis), but a question of 'what the job *is*'" (p.43). They suggested that the leading approaches within qualitative research have different understandings of what constitutes 'data', what can be learnt from it and what an analysis should seek to do. Consequently, I chose the analytic approach that corresponded best with my own beliefs about these and the aims of this study: Interpretative Phenomenological Analysis (IPA).

To explain further, Smith et al. (2009) described how IPA is informed by key ideas and discussions within the areas of phenomenology, hermeneutics and idiography, and as these are consistent with the epistemological position taken in this research study, it was determined to be an appropriate choice of methodology. IPA was also selected as it seeks to understand how individuals make sense of their life experiences, which corresponds with this study's aim to better understand how LGBTQ+ women who become genetic mothers through Reciprocal IVF experience this transition. Furthermore, its exploratory nature is well suited to this study given the lack of literature in this particular research area; as Porter, Hulbert-Williams and Chadwick (2015) noted, where this is the case, a ground-up exploration of participants'

experiences is optimal for acquiring a better understanding. IPA's idiographic approach also means it is ideal for capturing the complexities of human experience and it has been used to study multiple-dimensions of them; for example, Eatough and Smith (2006) studied the experience of emotions, Smith et al., (2009) recognised the importance of embodiment and Smith (1996) considered cognitions. As a consequence, IPA studies have often touched upon issues of identity and self-concept (e.g. Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Shinebourne & Smith, 2009), and given this study's focus on the transition to motherhood, which is considered to involve a considerable change to one's identity, IPA seemed well suited; notably, Smith (1999) himself used IPA to better understand heterosexual women's experiences of becoming mothers. Chan and Farmer (2017) have further argued that IPA is useful for capturing unique experiences within LGBTQGEQ+ communities. They recognised that queer theory values diversity within and between identities and consequently welcomed IPA's idiographic approach for giving "voice and value to each of these nuances" and "treating each participant's narrative with value and meaning to concomitantly fulfil a more holistic understanding of a phenomenon" (p.287). They further suggested that through recognising such diversity of experiences within LGBTQGEQ+ communities, IPA allows researchers to uncover and recognise the historical, contextual, temporal and political influences that shape perceptions of normativity and subjugate other marginalised groups and that in so doing it "foregrounds opportunities for engaging in social justice" (p.295).

Grounded theory is commonly considered to be the primary alternative method for researchers contemplating using IPA (Smith et al., 2009). It was developed by Glaser and Strauss in the 1960s and seeks to develop an explanatory theory of the phenomenon under investigation (Howitt, 2010). However, as this study aims to explore participants' experiences of becoming mothers in detail, as opposed to explaining them, grounded theory was deemed unsuitable. Grounded theory's aspiration to produce a 'middle-range' (Merton, 2012) theoretical account would miss the "texture and nuance" (Smith et al., 2009, p.202) emerging from a micro-analysis of individual experience that this study desires.

Willig (2013) posited that there are two major versions of discourse analysis: Discursive psychology and Foucauldian Discourse Analysis (FDA). Both of these were also considered for use in this study, and decided against. Willig (2013) described Discursive Psychology as being “primarily concerned with *how people use* discursive resources” (p.117), and what they do with language in their attempts to “negotiate and manage social interactions so as to achieve interpersonal objectives” (p.117). Thus, the approach considers the performative aspects of discourse, and seeks to recognise patterns of discursive action (Smith et al., 2009). As a consequence of its allegiance to social constructionism, rather than considering how the participants experience and make sense of becoming a mother, as this study aspires to, a Discursive Psychology approach would instead focus on how these women talk about becoming a mother in this way. In comparison, in FDA, Smith et al. (2009) explained that “‘discourse’ is understood to be a body of knowledge (a way of understanding), and these bodies of knowledge are held to be constitutive (that is they shape and constrain ways of understanding a topic or experiencing)” (p.44). Consequently, studies that employ this approach tend to examine how language and discourse construct and regulate what can be said, who can say it, and where and when they can say it (Parker, 1992). Thus, as Willig (2013) explained, whereas “discursive psychology is primarily concerned with interpersonal communication, FDA asks questions about the relationship between discourse and how people think or feel (subjectivity), what they may do (practices) and the material conditions within which such experiences may take place” (p.130). This concern with how the practices, traditions and rules of certain settings shape and determine how things are understood contrasts with this study’s aim to consider how women who shared their egg with their partner through Reciprocal IVF made sense of their experiences of becoming a mother in this way (Smith et al., 2009).

2.2.3. Epistemological framework

Willig (2012) observed that “paradoxically, although we tend to think about research as being about finding answers to questions through some form of systematic process of empirical enquiry, the starting point of any research project is, in fact, a set of assumptions that themselves are not based on anything other than philosophical reflection” (p.10). These assumptions concern ontology, which is concerned with the nature of reality and being, and epistemology, which is “the study of knowledge, the acquisition of knowledge and the relationship between the knower [research participant] and would-be knower [the researcher]” (Ponterotto, 2005, p.127), and will affect everything from the question asked, to the method used and how the data is analysed (Hesse-Biber 2007). Willig (2012) further noted that often these crucial assumptions about the world are “unacknowledged and implicit” (p.10), but emphasised the importance of knowing a study’s epistemological position, arguing that it is only through knowing what researchers sought to learn and what kind of knowledge they sought to produce that we can “evaluate the study’s contribution to knowledge in a meaningful way” (p.17). Consequently, in this section I will identify and clarify my own assumptions and ontological and epistemological positions.

Firstly, this study subscribes to a relativist ontology. This is because it is concerned with participants’ personal and subjective experiences of the world, as opposed to the ‘real’, or objective nature of it (Willig, 2013). It is not interested in how ‘true’ their descriptions of happenings are, or whether and how much their understandings match with an external ‘reality’ (Willig, 2013), rather it is interested in how they experienced becoming genetic mothers through Reciprocal IVF with their partners.

Unlike other qualitative methods, IPA does not offer “epistemological certainty” (Larkin, Watts & Clifton, 2006, p.103). Instead it allows a relatively wide range of epistemological standpoints to be taken in research studies. This “epistemological openness”, as Larkin et al. (2006, p.114) called it, is based on the condition that the phenomenological account remains “central” in the study and “contextualised” (p.114). This study aims to obtain phenomenological

knowledge insofar as it aspires to increase our understanding of the research participants' experiences of becoming genetic mothers through Reciprocal IVF. Willig (2012) described phenomenological knowledge as "insider knowledge" (p.12), which she explained as a knowledge that attempts to shed light on phenomena, such as becoming a mother, through an understanding of "how they appear to somebody within a particular context" (p.14). Shinebourne (2011) further recognised how phenomenological philosophers including Heidegger, Sartre and Merleau-Ponty have contributed to the philosophical perspective of a person as being "embodied and embedded in the world, in a particular historical, social and cultural context" (p.14). In accordance with this recognition of the importance of participants' contexts, I adopt a critical realist position in this study, which is to say that whilst I consider there to be a real, objective, external world, I believe that we can only know and understand this world through the medium of our own thoughts and perceptions (Howitt, 2010). I hold that whilst actions and events occur in reality, participants cannot describe these accurately as they will have their own subjective experiences of them that have been mediated through culture, language and politics (Pilgrim & Rogers, 1997). I believe that the ways in which participants interpret events and develop their own personal understanding of them is influenced by "an already existing knowledge accrued from experience" (Eatough & Smith, 2008, p.181) and shaped by cultural and socio-historical processes. Further, I hold that in the process of analysis and interpretation I cannot produce accurate knowledge about their account without imposing my own experiential views, based on the contexts within which I am embedded, on the data (Willig, 2013).

I believe that language plays an important role in this process of how we understand and experience our lives and develop our sense of self; as Smith et al., (2009) commented: "our interpretations of experience are always shaped, limited *and* enabled by, language" (p.194). However, drawing on symbolic interactionism, which maintains that "seeing the individual's lifeworld merely as a linguistic and discursive construction does not speak to the empirical realities of people's lived experiences and their sense of self" (Eatough & Smith, 2008, p.184),

I subscribe to the view that people are heavily involved in creating their social worlds through their intersubjective interpretative activity. As Eatough and Smith (2008) explained, “not only do people have a hand in constituting (as opposed to constructing) their social worlds, they are creatively involved in the development of a sense of self through the interpretative action which takes place between people” (p.184). Furthermore, I recognise the interpretative processes through which meanings are created as being susceptible to change and redefinition (Blumer, 1969), thus enabling “people [to] form new meanings and new ways to respond and [be] active in shaping their own future” (Benzies & Allen, 2001, p.544); Smith et al. (2009) referred to this process as “reworking” (p.196).

In line with this study’s phenomenological stance, I also take an interpretative position and do not take accounts of experience at “face value” (Willig, 2012, p.8). Whilst I subscribe to the view that interpretation can be “descriptive and empathic” (Willig, 2013, p.92; Ricoeur, 1970) in order to produce “rich experiential descriptions” (Shinebourne, 2011, p.5), I also believe that it can be more critical and questioning and “probe the accounts in ways which participants might be unwilling or unable to do themselves” (Eatough & Smith, 2008 p.189) in pursuit of further insights (Smith et al., 2009; Willig, 2013). In accordance with IPA, I believe that through combining a hermeneutic of empathy with a hermeneutic of questioning in this way, it is possible “to ‘draw out’ or ‘disclose’ the meaning of the experience” (Smith et al., 2009, p.36). However, I do not subscribe to Ricoeur’s hermeneutics of suspicion, which tends to involve employing a theoretical perspective that is brought in from outside the text and involves the researcher occupying the role of an expert in order to “generate an account which can explain why something takes the form that it does” (Willig, 2013, p.42).

As a final point, I also take a feminist approach. Anderson (2017) explained that feminist epistemology recognises the way that gender “influences our conceptions of knowledge ... and practices of inquiry” (p.1), recognises the ways that these “systematically disadvantage women and other subordinated groups” (p.1) and endeavours to transform these so that they

benefit them. In accordance with this, this study seeks to “unearth subjugated knowledge” (Hesse-Biber, 2007, p.3) through focussing on women’s lives, and more specifically on the lives of women who are also member of other marginalised groups (Hesse-Biber, 2007).

2.2.4. Overview of Interpretative Phenomenological Analysis

In my previous explanation of why I adopted IPA in this study, I made reference to its main characteristics. This section seeks to ground these in a more detailed and holistic description of the approach and its theoretical foundations. As has been mentioned, IPA is concerned with “the detailed examination of individual lived experience and how individuals make sense of that experience” (Eatough & Smith, 2008, p.179). It seeks to explore an experience in its own terms, rather than “attempting to fix [it] ... in predefined or overly abstract categories” (Smith et al., 2009, p.1) with the aim of capturing the complexity and richness of human experience. Whilst it was only first used as a distinctive method in psychology in the mid 1990s (Smith, 1996), it draws on ideas, theories and debates from three more established philosophical approaches: phenomenology, hermeneutics and idiography.

2.2.4.1. Phenomenology

Phenomenology is a philosophical approach and a series of research methods concerned with understanding human experience (Shinbourne, 2011). It is interested in what it is like to be human, and how we perceive things to be (Smith et al., 2009). Smith et al., (2009) draw on phenomenology to argue that experience is reflexive, situated, embodied and existential.

At the turn of the 20th century, Edmund Husserl established modern phenomenology (Shinebourne, 2011). Husserl considered human experience to be the source of all knowledge, and viewed scientific knowledge as ultimately depending on personal

experiences. Consequently, he was concerned with accessing and knowing experiences and finding ways to identify their “*essential* qualities” (Smith et al., 2009, p.12). He suggested that in order to examine our experiences, we need to disengage from the pursuits in which we are constantly absorbed, secede from our own ‘natural attitude’ and focus on the taken-for-granted experience of it through reflecting on it (Finlay, 2014): “through reflection, instead of grasping simply the matter straight out – the values, goals and instrumentalities – we grasp the corresponding subjective experiences in which we become ‘conscious’ of them, in which (in the broadest sense) they ‘appear’” (Husserl, 1927, as cited in Smith et al., 2009, p.12-13). Notably, he used the term ‘bracketing’ to describe the need to put the taken-for-granted nature of the world to one side, to better enable the individual to focus on their perceptions of that world (Smith et al., 2009). Whilst Husserl’s work has had a considerable impact on IPA, and helped IPA researchers to recognise the importance of reflection and bracketing their assumptions about reality, as Smith et al. (2009) noted, its aims are less ambitious than those of Husserl and seek to “capture particular experiences as experienced for particular people” (p.16) rather than the essence of experience.

Heidegger, a student of Husserl, has also shaped the development of IPA. One of the central tenets of his approach was that a human being is *Dasein*, which translates to “being there” (Cohn, 2002) but it is most often referred to as “being-in-the-world” (Spinelli, 2005, p.108), and recognises their existence as being embedded within and indivisible from the world, comprised of individuals, relationships, objects and culture (Horrigan-Kelly, Millar & Dowling, 2016). He suggested that our-being-in-the-world “is always perspectival, always temporal, and always ‘in-relation-to’ something” (Smith et al., 2009, p.18) and in this respect, he challenged Husserl’s method of phenomenological reduction and understanding of the transcendental ego (Horrigan-Kelly et al., 2016) and “questioned the possibility of any knowledge outside of an interpretative stance” (Smith et al., 2009, p.16).

Developing Heidegger’s view of humans as being-in-the-world, and of their experiences as

being influenced by the contexts within which they are embedded, Merleau-Ponty (1962) suggested that they are also shaped by their physical bodies. He maintained that it is through the body that one has access to, and knowledge of, the world: “My body is the pivot of the world: I know that objects have several facets because I could make a tour of inspection of them, and in that sense I am conscious of the world through the medium of my body” (Merleau-Ponty, 1962, p. 82). His influence on IPA can be seen in Smith et al.’s (2009) recognition that experience is embodied. Together with Heidegger and Merleau-Ponty, Sartre also extended Husserl’s work to offer an understanding of humans as being “embedded and immersed in a world full of objects and relationships, language and culture, projects and concerns” (Smith et al., 2009, p.21) and this has shaped the development of IPA. Sartre recognised the worldly nature of our experiences (Ratcliffe, 2015) and his work further enables us to “conceive of our experiences as contingent upon the presence – and absence – of our relationships to other people” (Smith et al., 2009, p.20). In addition, Sartre conceived of humans as being born with no essence, condemned to be free, and contended that they must actively make themselves and give themselves meaning through their choices, action and projects in the world.

2.2.4.2. *Hermeneutics*

Hermeneutics is the theory of interpretation and IPA has been heavily influenced by it. Schleiermacher wrote about hermeneutics in the early nineteenth century. He suggested it should be recognised as an art rather than a simple method that involved following a set of guidelines, on account of the fact it deals predominantly with linguistic expressions “whose natural and spiritual aspects are only partially accessed through the mechanics of language” and further require “an intuitive grasp of an author’s meaning, which lies beyond mere rules” (Zimmermann, 2016, p.363). He maintained that through conducting a thorough and complete analysis of both the grammar and psychology of the author, a researcher can develop “an understanding of the utterer better than he understands himself” (Schleiermacher, 1998, p.266, as cited in Smith et al., 2009, p.22), which allows researchers to develop insights that

go beyond the specific claims of their participants.

As previously mentioned, Heidegger also wrote about hermeneutics. He maintained that our access to *Dasein* is always through interpretation and therefore that phenomenology is an unequivocally interpretative activity (Smith et al., 2009). He believed that things can have latent or hidden meanings, and that as researchers we should examine both the obvious and the concealed meanings, as the two are linked. His writings on our 'fore-conceptions', by which he meant our presumptions ("something we grasp in advance" (Heidegger, 1962, p.191)), have been particularly significant for IPA as they informed the approach's understanding of bracketing as being a "cyclical process and as something which can only be partially achieved" (Smith et al., 2009, p.25). To explain, Heidegger proposed that when we approach a new thing to examine and interpret, we always do so with our fore-conceptions and never with a blank slate: "an interpretation is never a presuppositionless apprehending of something presented to us" (Heidegger, 1962, pp.191-192). Furthermore, he noted that whilst our fore-conceptions exist prior to our engagement with a new stimulus or text, it may only be after it that we become able to tell what these were (Smith et al., 2009).

Gadamer also considered this relationship between a researcher's prior understandings and the new phenomenon being attended to. He supported the contention that we have preconceptions and that whilst these can sometimes be identified prior to the process of interpretation, at other times they may only be realised during it. He also expanded on this by suggesting that "the phenomenon, the thing itself, influences the interpretation, which in turn can influence the fore-structure, which can then itself influence the interpretation" (Smith et al., 2009, p.26). In this sense, a person can have several fore-conceptions that can be assessed and revised during the interpretation process. Thus one's understanding can be viewed as being the result of the interaction between their fore-conceptions and an account, making reflexivity essential; as Gadamer himself wrote, "The important thing is to be aware of one's own biases, so that the text can present itself in all its otherness and thus assert its own

truth against one's own fore-meanings" (Gadamer, 1975, p.269, as cited in Finlay, 2014, p.123).

2.2.4.3. Idiography

Finally, Smith et al. (2009) submitted that IPA is anchored in idiographic traditions, which focus on the individual, the specific and the particular, as opposed to nomothetic ones that are more concerned with the universal and general (Riazi, 2016). They suggested that IPA's commitment to the particular is evident in its concern with "detail" (p.29) and desire for a deep and rigorous analysis, in addition to its aim to understand "how particular experiential phenomena (an event, process or relationship) have been understood from the perspective of particular people, in a particular context" (p.29). Whilst generalisations are possible, they are located in the particular, so whilst multiple accounts may be reviewed to make more general statements, one can still recover specific assertions made by any of the participants.

2.3. PROCEDURES

2.3.1. Participants, sampling and recruitment

Due to IPA's idiographic nature and concern with obtaining detailed understandings of particular phenomena in particular contexts, research studies tend to have small homogenous samples (Smith et al., 2009). Consequently, this study sought to recruit between 6 and 8 women in LGBTQ+ first families who became genetic mothers through Reciprocal IVF with their partners, who became gestational mothers to the same child. In addition, their child had to be at least one-years-old at the time of interview. This minimum age was chosen because, according to Mercer (2004), women tend to have achieved a maternal identity by this point: she reported that in her earlier studies (1980, 1981, 1985, 1986) she found that the majority (64%) of women had achieved it by 4 months and that at a year, nearly all (96%) had. Whilst

it was recognised that a study of the experiences of the gestational mother's experiences (through Reciprocal IVF) would be worthwhile, to maintain IPA's commitment to homogeneity it was decided that it would be inappropriate to explore these in this study. Smith et al. (2009) suggested that researchers should make the group "as uniform as possible according to obvious social factors or other theoretical factors relevant to that study" (p.50), and, as observed in the 'Introduction', previous work (Sandelowski, 1994; Breakwell, 2006; Teman, 2010) has suggested differences in these women's experiences would likely impact upon the data. In addition, because the number of women who have conceived in this way is relatively low and due to practical issues regarding how easy it would be to contact them, no further criteria were implemented.

With regards to sample size, Smith and Osborn (2003) noted that "there is no right answer to [this] question" on account of several factors: "the degree of commitment to the case study level of analysis and reporting; the richness of the individual cases; and the organisational constraints one is operating under" (p.56). Nevertheless, Smith et al. (2009) have more recently suggested that for professional doctorates, which this research is undertaken as part of, between four and ten interviews "seems about right" (p.52). Given that I planned to interview each participant once, I determined that a sample size of between 6 and 8 would allow me to obtain rich and detailed information about the participants' experiences and to keep an idiographic focus without becoming "overwhelmed by the amount of data generated" (Smith et al., 2009, p.51), which could cause me to miss "potentially subtle inflections of meaning" (Collins & Nicolson, 2002, p.626). I also felt that quality data from 6-8 participants would allow me to identify any convergent and divergent perspectives of the research phenomena.

Following ethical approval, I used 'purposive sampling' (Smith & Osborn, 2003) to recruit participants. Fairly early on in this process it became evident that the population for whom the research question was significant, was relatively difficult to access. Consequently, multiple

recruitment strategies were employed. Whilst many of these sought to reach potential participants based across the UK, some focused more specifically on areas that were known to have well-established LGBTQ+ communities (for example, Brighton, London, Manchester, Bristol and Cardiff). General and LGBTQ+ specific parenting magazines, such as 'Families' and 'We are Family', in addition to general LGBTQ+ magazines, including 'Diva' and 'Pink News', were contacted and adverts were placed in these and on their Twitter and Facebook accounts. General and LGBTQ+ specific parenting organisations, groups and classes were also approached and many agreed to publicise the study to their members through posting the research flyer (Appendix A) on their noticeboards and websites, sending it around email lists, putting it in their newsletters and mentioning it at meetings and on their social media accounts. LGBTQ+ radio stations, including 'Out in Brighton', advertised the research on air, and other LGBTQ+ organisations, including 'London Friend' and LGBTQ+ Centres across the UK put up research flyers in public areas in their buildings. Child-friendly businesses, including shops, activities centres (e.g. soft-play) and libraries were contacted and many agreed to post the flyer on their noticeboards and in windows. Several fertility clinics and sperm banks were also approached, and some advertised the study with flyers in their premises and through mentioning it on their social media accounts. The study was also advertised in online forums such as 'Gingerbeer' and 'Fertility Friends'. In addition, research flyers were also handed out to people in London, Manchester and Brighton city centres. Word of mouth was also used. Prior to starting the study, it was hoped that snowballing, where "the researcher collects data on the few members of the target population he or she can locate, and then asks those individuals to provide the information needed to locate other members of that population whom they happen to know" (Babbie, 2010, p.208), could be used. However, none of the participants who ultimately took part in the study reported knowing any other women who had conceived in the same way. Whilst this made finding participants more challenging, it further underscored the importance of this study and how valuable sharing these women's experiences could be for others who have conceived in this way, or are thinking about doing so.

Once potential participants had made contact, I responded by email and telephone to thank them for their interest, confirm that they were eligible and still interested in taking part, and answer their questions. Those who met the criteria and remained interested were sent a participant information sheet (Appendix B) via email, which outlined the aims of the research and what taking part would involve. They were invited to get in touch with me with their decision and/or to ask any further questions. Those who did not meet the criteria were thanked for their interest. If participants did not respond after having read the participant information sheet, I sent them one further email reminder two weeks later. Interviews were then arranged with the first 7 eligible participants who confirmed they wished to take part. These were scheduled for as soon as was mutually convenient and in a location that suited both parties. A few days before the arranged interview was due to take place, a reminder email was sent to the participant. All interviews took place as arranged.

2.3.2. Data collection

In line with this study's aim to obtain detailed accounts of the participants' experiences of becoming mothers, data were collected using semi-structured interviews; as Smith et al. (2009) noted they are "well-suited to in-depth and personal discussion" (p.57) on account of the fact they are "easily managed, allowing a rapport to be developed and giving participant's the space to think, speak and be heard" (p.57).

Interviews were, on average, between one and a half and two hours long and audio-recorded using two digital voice recorders, so that in the event that one failed there was a back-up recording and participants were not inconvenienced by having to repeat themselves. All participants were offered a range of possible venues for the interview in their local area, and asked if any of these were convenient or if there was another location they would prefer; as Elwood and Martin (2000) noted, "participants who are given a choice about where they will be interviewed may feel more empowered in their interaction with the researcher" (p.656),

which can encourage them to share more detailed information and make it is more positive experience for them. All participants were happy with at least one of the venues suggested and all interviews took place in populated but private locations across the UK, such as universities and colleges, where privacy was ensured but others were around if difficulties arose.

At the start of each interview, the aim of the research, scope of the interview and what taking part involved was recapped, with reference to the participation information sheet that participants had previously been sent. Participants were invited to ask any questions and then asked to sign a consent form (Appendix C), which I as the researcher also signed. Participants were then asked if they would be willing to complete a demographic questionnaire (Appendix D) to help me understand more about the characteristics of the participants as a group. Throughout these discussions I tried to build a rapport and put the participants at ease, “to enable them to feel comfortable talking to [me] before any of the substantive areas of the schedule [were] introduced” (Smith & Osborn, 2003, p.63). The digital voice recorders were then switched on and the interview proper commenced. At the end of each interview, participants were thanked for their time and willingness to share their experiences and perceptions of them. They were also asked how they had experienced taking part in the research and were offered the opportunity to provide feedback and ask questions. Finally, a debrief information sheet (Appendix E) was offered and discussed.

As recommended by Smith and Osborn (2003), I produced and learnt my interview schedule (Appendix F) in advance of meeting with participants. When constructing the schedule, I heeded Smith et al.’s (2009) advice: after identifying a “broad area” (p.61) of interest (participants’ experiences of becoming genetic mothers through Reciprocal IVF), I established a “range of topic areas” (p.61) that I wanted the interview to cover and “put the topics in the most appropriate sequence” (p.61), which was chronological. The interview schedule was drafted and redrafted several times following discussions with my supervisor and during the

process of construction I kept in mind my goal to facilitate and guide the participants, rather than to dictate. I wanted to elicit material that corresponded and stayed close to the phenomenon being investigated but which also allowed participants to share their experiences and what was important to them, in their own way; the questions were not designed to test a theory or hypothesis. Consequently, the main questions were deliberately open, expansive and neutral, and phrased as “can you tell me about...”. Possible follow-up questions and prompts that were more specific were devised in the event that participants struggled to answer the initial, more general, question; as Smith and Osborn (2003) noted, on occasion this initial question will fail to produce an adequate response, possibly because “the issue is a complex one or the question is too general or vague for this particular participant” (p.61). In addition, during the course of the interviews the schedule was treated as a framework and consequently the questions, how they were phrased and the order they were asked in, varied depending on interesting things the participants said, what followed on best and how they were responding (Smith et al., 2009).

2.3.3. Transcription

Kvale (2007) argued that transcription is an interpretative process and consequently that researchers need to “state explicitly in the report how the transcriptions were made” (p.95). All interviews were audio-recorded with the consent of the participants and the tapes were transcribed verbatim. Following Smith and Osborn’s (2003) and Smith et al.’s (2009) recommendations, the level of transcription was at the semantic level and all words spoken, by both the researcher and participant, including false starts, were included. Notable non-verbal utterances such as laughter, significant pauses and hesitations were also noted. However, in line with IPA’s primary aim to “interpret the meaning of the *content* of participant’s accounts” (Smith et al., 2009, p.74), the prosodic features of the talk, including pronunciations, or lengths of pauses, were not included; as O’Connell and Kowal (1995) advised, it is futile to transcribe data that will not be analysed. Each line of each transcript was then numbered and

broad margins were left for coding. Finally, once each interview had been transcribed, it was re-read whilst listening to the audio-recording and amendments were made.

2.3.4. Analytic strategy

The interviews were transcribed verbatim and the data analysed in stages. The data for each participant were considered and analysed separately, until the final step.

The first stage was transcription, as described above. My next encounter with the text involved reading and rereading it so that it became as “familiar as possible” (Smith & Osborn, 2003, p.67) and noting my first thoughts and impressions in the left-hand margin (Smith & Osborn, 2003; Willig, 2013). As there are “no rules” (Smith & Osborn, 2003, p.67) about what is commented upon, these comments included summaries, associations, initial interpretations, observations about language and the participant’s sense of themselves and similarities, parallels, differences and inconsistencies in what they were saying (Smith & Osborn, 2003).

In the third stage, I developed these initial notes into succinct phrases, called emergent themes, which summarised and captured the essence, or character of different parts of the transcript (Smith & Osborn, 2003; Willig, 2008), and these were noted in the right-hand margin (see Appendix G for an excerpt from a transcript). During the fourth stage, I sought to group and fit these emergent themes together. This involved listing all of the emergent themes from stage three onto a piece of paper, before printing and cutting them up, so that each theme was on a separate piece of paper. I then looked-for links between them and grouped them together on the floor as I did so, often moving themes around. This allowed me to explore “spatial representations of how emergent themes relate to each other” (Smith et al., 2009). As groups of themes emerged, I frequently referred back to the initial transcript to ensure the connections made sense with the actual words of the participant, and in this sense the analysis was an iterative process.

In the fifth stage, I gave the clusters of themes identified in stage four, which represented superordinate themes, names. I then produced a summary table that offered an overview of the clusters of emergent themes that constituted each superordinate theme, and which included relevant quotations their locations (Smith & Osborn, 2003; Willig, 2013) (see Appendix H for an excerpt from a participant summary table). This process involved excluding some themes from stage three. In the sixth and final stage, once summary tables were produced for each individual participant, they were integrated into “an inclusive list of master themes that reflect[ed] the experiences of the group of participants as a whole” (Willig, 2008, p.61) (see Appendix I for an example of a master theme table).

2.4. ETHICAL CONSIDERATIONS

2.4.1. Ethical approval

Ethical approval was sought and granted by City University in September 2015 (see Appendix J). The research was then conducted in line with HCPC and BPS codes of ethics and consequently respected the autonomy and dignity of participants, has scientific value, was socially responsible and sought to maximise benefit and minimise harm to those involved (HCPC, 2016; BPS, 2014).

2.4.2. Informed consent

A clear description of the purpose and scope of the study, what they could expect from the interview (including the topics that would be covered), the possible risks and benefits to them and their rights (confidentiality, right to withdraw at any time, right to contact the researcher, supervisor and University Ethics Committee) was offered to participants when they first made contact with me, in the form of the participant information sheet. They were asked to read this

and ask any questions they had regarding the study before agreeing to participate. These considerations were revisited at the start of the interview before participants were asked to give their written and informed consent for both data collection and data analysis. In addition, their oral consent was sought throughout the interview, which is sometimes referred to as “process consent” (Allmark et al., 2009), when unanticipated sensitive issues emerge.

2.4.3. Confidentiality

Confidentiality was strictly adhered to throughout the study. All the data from the interviews were stored securely using password protected computers and a locked filing cabinet. Further, within this cabinet, consent forms that had the participant’s name written on and the list which related the pseudonym to real name were kept separately from the data. In addition, all identifying information, such as names and locations, were altered in the transcripts. Finally, all data will be destroyed once this research project has been fully assessed and completed.

2.4.4. Managing distress and avoiding harm

Whilst it was expected that some of the issues discussed in this research might be sensitive for participants, it was not thought that speaking about them would be harmful to them. Nevertheless, steps were taken to protect the participants. These included: acknowledging, both in the information sheet they read before agreeing to be involved and at the start of the interview, that some of the questions asked might touch upon sensitive topics and ensuring they have considered this; reminding them that they were able to stop the interview at any time if they wished, either for a break or completely; attending to any signs of discomfort or distress; offering participants a full debrief at the end of the interview about their experiences of it; giving them a participant debrief information sheet that included details of local and national support and counselling services and my and my supervisor’s telephone numbers

should they have any follow-up queries or concerns. Participants were also offered a final report detailing the main findings of the study to inform them about how their material was used and all 7 expressed an interest in receiving this. During the interviews, I was also prepared to use my intuition and skills as a Trainee Counselling Psychologist to determine whether or not to stop an interview and to “abandon lines of investigation if participants’ words or gestures seemed to set a boundary around particular issue” (Allmark et al., 2009, p.52), though neither of these situations arose. However, there were a few occasions when participants became tearful. Each time, I checked how they were feeling and whether they felt comfortable proceeding or would prefer to take a break or stop the interview. On all occasions, participants indicated they were happy to proceed.

Whilst it was not envisaged that harm to the researcher would be a problem, steps were also taken to minimise this. I used formal and informal networks of support, including using supervision and personal therapy, to discuss any issues that came up for me, conducted the interviews in public places, such as universities and colleges, and “followed lone-worker policies” (Allmark et al., 2009, p.53), which included letting a designated other know where I was and pre-arranging phone calls with this individual at specific times before and after the interviews.

2.5. EVALUATION OF RESEARCH

Willig (2013) observed that “the criteria traditionally used to evaluate the scientific value of quantitative research in psychology (e.g. reliability, representativeness, validity, generalizability, objectivity) are not, in their current form, meaningfully applicable to qualitative research” (p.169). This has led to the emergence of several guidelines that propose criteria for assessing the quality of qualitative research (e.g., Henwood & Pidgeon, 1992; Elliott, Fischer & Rennie 1999; Yardley, 2000, 2008; Howitt, 2010). However, not all guidelines are considered to be equally suitable for use with all qualitative approaches and they should be

selected based on the approach taken, and its epistemological underpinnings (Reicher, 2000; Madill, Jordan & Shirley, 2000); as Willig (2013) noted, a study's aims and the kind of knowledge it seeks to generate will affect what criteria are best suited to assess it. This study used Yardley's (2000) "open-ended, flexible principles" (p.215) to evaluate the quality of this research, as they are well suited to a phenomenological-hermeneutic approach and were the ones applied by Smith et al. (2009) themselves. I will detail below the ways in which I believe this study fulfilled and adhered to Yardley's criteria, however it will be for reader to judge whether they agree with my claims.

2.5.1. Sensitivity to Context

Yardley (2000) argued that a good qualitative research study will demonstrate 'Sensitivity to Context', and proposed that to achieve this the researcher should take into consideration relevant theoretical and empirical literature, the socio-cultural setting, ethical issues, empirical data, and participants' perspectives, all of which I sought to do.

In the Introduction, I established how this study relates to existing theoretical and empirical literature and aims to fill a gap in our knowledge, whilst the theoretical principles underlying the implementation of this research have been discussed earlier in this 'Methodology' section. Further, findings from this study have been related to relevant literature in the 'Discussion'. The idiographic nature of the research question, in that it sought to understand individual women's experiences, also demonstrates a contextual sensitivity from the onset. Throughout the study I have remained aware of the socio-cultural setting of the study and considered "the normative, ideological, historical, linguistic and socio-economic influences on the beliefs, objectives, experiences and talk of all participants" (Yardley, 2000, p.220), as well as myself as the researcher, and have acknowledged and discussed these influences in all sections. I also sought to hold the participants' perspectives in mind throughout the whole research process. This meant that during data collection I drew on my counselling skills and showed

empathy, sought to put the participants at ease, recognised interactional difficulties and sensitively and effectively negotiated “the intricate power-play where research expert meets experiential expert” (Smith et al., 2009, p.180). I also selected a method that allowed participants to express what was important to them and offered to conduct these in locations where participants felt comfortable. In addition, throughout the ‘Analysis’ I have sought to evidence the argument being made and further give the participants a voice by using a significant number of verbatim quotes drawn from all of their interviews (Smith et al., 2009). Finally, ethical issues were considered and are discussed in a separate part of this Methodology section.

2.5.2. Commitment and rigour

Yardley (2000) posited that a second essential quality of good qualitative research is ‘Commitment and Rigour’. She offered examples of the form each can take, which included: “in-depth engagement with the topic; methodological competence/skill; thorough data collection; depth/breadth of analysis” (p.219). This study met these demands in a number of ways. For example, I read extensively around motherhood and parenthood, LGBTQ+ motherhood and parenthood, qualitative research methods and IPA. I also attended lectures on IPA, practiced analysis in seminar groups and joined a regional IPA support group. Furthermore, I attended workshops on epistemology and research methods. I ensured I recruited appropriate participants that meant the sample was suitably homogenous and was committed and attentive to participants during data collection to ensure they felt comfortable and that rich and in-depth accounts were obtained. The analysis was thorough, and themes were constantly being developed, revised and, sometimes, rejected (Braun & Clarke, 2013). Furthermore, it sought to balance idiographic engagement with identifying shared themes, both convergent and divergent, attend to the voices of all participants and move beyond simple descriptions to interpretations of what was meant, and “good and appropriate illustrations” (Smith et al., 2009, p.182) were selected to support these.

2.5.3. Transparency and coherence

Yardley (2000) suggested her third principle 'Transparency and Coherence' could be achieved through: "clarity and power of description/argument; transparent methods and data presentation; fit between theory and method; reflexivity" (p.219). Consequently, I have clearly documented all stages of the research process, describing how participants were selected, how the interview schedule was constructed and what steps were used in analysis. I have presented data through excerpts in the 'Analysis' and tables and samples in the 'Appendices'. There is also a good fit between the research that has been done and the underlying theoretical assumptions of IPA, which is to say that "the phenomenological and hermeneutic sensibility [are] apparent in the write-up" (Smith et al., 2009 p.182) and that the study has remained focused on a significant experience for participants: their experience of becoming mothers. Reflexivity has also been a key component throughout this study. A reflexivity diary (Appendix K) was kept and my own assumptions and beliefs around the issues raised by the participants are discussed in reflexivity sections within both the Methodology and Discussion. Finally, my supervisor supported the coherence and transparency of the study with "mini audits" (Smith et al., 2009, p.184).

2.5.4. Impact and importance

Yardley's (2000) fourth and final principle was 'Impact and Importance'. She noted that "The decisive criterion by which any piece of research must be judged is, arguably, its impact and utility. It is not sufficient to develop a sensitive, thorough and plausible analysis, if the ideas propounded by the researcher have no influence on the beliefs or actions of any-one else" (p.223). She acknowledged however, that there are "many varieties of usefulness" (p.223) and that the value of this, and other studies, can ultimately only be determined in relation to

“the objectives of the analysis, the applications it was intended for, and the community for whom the findings were deemed relevant” (p.223). This research study was conceived due to lack of existing literature and knowledge about how women who donate their egg to their partner, through Reciprocal IVF, experience the process of becoming a mother, or parent, in this way, and its findings are both important and relevant to many people. Firstly, they are relevant to the women in this study and other women who have conceived in this way. Many of the participants described how challenging the lack of information about other LGBTQ+ women’s experiences of conceiving in this way had been, and it appeared to have added to their feelings of isolation and struggles to make sense of their experiences; notably it also appeared to have been a motivating factor for taking part, as they wanted others to have information and support where they had none. Furthermore, nearly all of the participants expressed a strong desire to learn about the experiences of the other women in the study, which suggested that, for at least some of them, their senses of isolation were ongoing. Consequently, it is hoped that they will find this study’s findings informative, comforting and normalising and that they may help them to better understand their own experiences. Secondly, women who are thinking about conceiving in this way may find the study to be informative and helpful and use it to inform their future decisions, such as whether to conceive in this way and, if they do, how to prepare for and manage potential challenges. The findings are also relevant to Counselling Psychologists, in addition to other professionals involved in these women’s care, and should inform their practices and facilitate them in their efforts to support the women and prevent and alleviate any distress they may experience; this is discussed in greater depth in the Discussion.

2.6. REFLEXIVITY

Reflexivity is considered to be an important and essential feature of ‘good’ qualitative research (Henwood & Pidgeon, 1992; Elliott et al., 1999; Yardley, 2000, 2008; Howitt, 2010). Qualitative researchers are considered to be inevitably implicated in their studies and the knowledge they

generate, and consequently they are encouraged to consider and highlight their involvement and its impact, to aid reader interpretation (Nightingale & Cromby, 1998; Willig, 2008, 2013).

I recognise that my involvement in this study has been shaped by my identity, experiences, politics, assumptions, biases and values and that this, in turn, has influenced, acted upon and informed the research. Consequently, I have engaged in a process of reflection throughout the entire research process, from the study's conception and early planning stages, through data collection and analysis, to the write-up. As part of this I have kept a reflexive diary and engaged in discussions with my fellow trainees and mini-audits with my supervisor. However, despite my best efforts to be as reflexive as possible, I recognise that there was probably a limit to this: Mauthner and Doucet (2003) acknowledged that "a profound level of self-awareness and self-consciousness is required to begin to capture the perspective through which we view the world and it may be impossible to grasp the unconscious filters through which we experience events" (p.425).

During the process of writing up this research, I have debated about the best place to present my reflections on my role in, and impact upon, the research. I have determined that it would be best to consider how my personal interests and motivations influenced the choice of research question and planning of the research in the paragraph below and to further reflect on how my role impacted on the processes of data collection and analysis subsequently in the Discussion.

My own experiences of being told that I may not be able to be the birth and/or biological mother to my children and subsequently of becoming a mother through IVF prompted my interest in this research topic. They taught me how challenging and emotional issues around conception and fertility can be and how they are often overlooked or not adequately attended to by the individuals facing them, those around them and society in general. This motivated me to undertake research that would hopefully support and help women facing these experiences.

My feminist values, together with my close friendships with women who identify as LGBTQ+ also encouraged me to conduct research that had relevance to women, and other marginalised groups, and put them as a central focus. This desire to empower and give these women a voice, together with my ontological and epistemological positions shaped the development of the specific research question and prompted my decision to adopt a qualitative, and more specifically an IPA, approach. These factors also shaped the data collection and analysis, for example they drove me to use open, unassuming questions in the interviews, be attentive to what participants were saying and ground of all interpretations in the data and use several verbatim extracts to support these.

CHAPTER THREE: THE ANALYSIS

3.1. INTRODUCTION TO THE ANALYSIS

Following an Interpretative Phenomenological Analysis on the collected data, four master themes emerged, which, with their constituent superordinate themes and emergent themes, will be presented in this chapter; please see Appendix L for a table of all presented themes and Appendix M for a diagrammatic representation of how these fit together. The themes have been organised in a way that allows for a flowing narrative and is intended to enable readers to follow the participants' journeys as they became 'mothers'.

When considering the analysis, it is important to bear in mind that whilst the participants were a relatively homogenous group and all seven participants had similarly conceived with their same-sex partner through Reciprocal IVF, and that they had all assumed the role of egg donor and their partner had carried the pregnancy, they were nevertheless different individuals and a summary of their background information is provided in the table on the next page; please consult Appendix N for pen portraits to contextualise their experiences further.

	Age	Ethnicity	Marital Status	Employment Status	Qualifications	No of children	Age of children
Amelia	43	White British	Civil Partnership	Full Time	Postgraduate	2	7, 5
Andi	42	White British	Civil Partnership	Full time	Degree	2	Both 6
Eileen	35	White British	Civil Partnership	Full time	Postgraduate Qualification	2	Both 15 months
Jade	28	White British	Co-habiting	Full Time	Degree	1	18 months
Jo	33	White British	Married	Full Time	Postgraduate Qualification	1	13 months
Kyo	39	Asian	Civil Partnership	Part Time	Postgraduate Qualification	3	4, 2, 2
Sarah	30	White British	Co-habiting	Full time	Postgraduate Qualification	1	2

Table 1: Summary of participants' background information

There is no reference to theory or other literature in this chapter, as the aim is to present and stay focused on the participants' accounts of their experiences; however, the results will be considered in the context of these in the subsequent Discussion chapter. In presenting the themes, descriptive phrases such as *all*, *several*, *some*, *a few* and *only* have been used to represent shared or individual experiences; as Burnard, Gil, Stewart, Treasure and Chadwick (2008) noted, qualitative data cannot be quantified given the epistemological aim of the methodology, and IPA's idiographic focus and belief that one voice alone can capture something as valuable as several voices together in relation to the research question, is at odds with quantitative standardisation. The themes are also supported with verbatim quotes

to give the participants a voice and to allow readers the opportunity to consider the validity of the interpretations for themselves. Quotes that best reflect participants' lived experiences and that represent each of their voices have been selected; unfortunately, not all supporting quotes could be included due to space limitations. Quotes are presented in bold and italic font, and referenced using pseudonyms to protect participants' anonymity, together with the line number from the original transcripts; where other identifying details are present in the quote these have been replaced with italicised content, for example: ***[partner]***. In some cases, less directly pertinent parts of the quote have been removed and such instances are represented by three dots in brackets: ***[...]***. Very rarely, clarifying content has been added to support the reader's understanding of the quote and, where this is the case, is presented in brackets ***[clarifying content]***. In addition, participants' brief pauses or hesitations are indicated by three dots, not in brackets: ... and words or phrases that participants stressed are underlined: **never.**

As a final point, during the process of analysis it became evident that the participants' experiences and how they made sense of them had been heavily influenced by the heteronormative cultures and contexts within which they were socialized and lived. As these seem to have shaped the participants at each stage of their journeys, they are important for understanding the themes that emerged and it was consequently determined that it would be best to discuss heteronormative culture in the context of these, rather than to present it as its own separate theme. Therefore, consideration of heteronormative culture is interwoven throughout.

3.2. MASTER THEME ONE: THE DECISION

3.2.1. Overview of the theme

This master theme considers the participants' decisions to start a family through conceiving through Reciprocal IVF, and about who would assume each role in this process. When describing these, all of the participants detailed their reasons for doing so and the role that their personal hopes and preferences played in these. As one might expect, the analysis suggested that the extent to which participants felt they were able to fulfil their desires, both at the time of the decision and subsequently, had a significant impact on how they perceived and made sense of their journeys to mother and parenthood.

The three superordinate themes each capture a different aspect of their decision-making processes. The first superordinate theme 'Wanting a child: desire versus ambivalence' explores the participants' desires for a child, and the strength and emergence of these. The second superordinate theme, 'Wanting it to be "ours"', considers participants' desires for a baby specifically between them and their partner and how these influenced and related to their decisions to conceive through Reciprocal IVF. Finally, the third superordinate theme, 'Role choice', looks at the factors that influenced their decision to assume the role of egg donor, and the part that their personal preferences played.

3.2.2. Wanting a child: desire versus ambivalence

All of the women reflected on their hopes for a family and whether or not having a child was something they had always aspired to; their experiences varied. Some of the women described having a strong personal desire to have children that predated their current relationship with their partner. For example, Sarah explained:

***“When you grow up you imagine having kids and I always saw myself in a family.”
(Sarah, 852-54)***

Her comments suggested that she had desired children for a long time, since her own childhood. Similarly, Jade commented:

“I wanted children and I wanted to check that she wanted children.” (Jade, 14-15)

“Because having children is kind of a.... if somebody else doesn’t want to have kids, it’s in my mind then I need to look for someone who wants children in the future.” (Jade, 19-23)

It seemed that Jade’s desire for children also predated her current relationship with her partner and that such was the strength of it, she was not willing to compromise and be with someone who did not share her hopes for the future.

Like Sarah and Jade, Jo explained that her desire to have children had always been there, as though it was innate:

“I always wanted children.” (Jo, 4-5)

She added:

“It was one of the things I obviously wanted to talk to [partner’s name] about.” (Jo, 14-15)

Her transparency and apparent desire to talk to her partner about the importance of having

children early in their relationship appeared to reveal the depth of her desire. Strikingly, when discussing her desire for children, Jo further stated:

“I was very.... emotionally I wanted to be a mother.” (Jo, 54-55)

It seemed that for Jo, it was not just about wanting a child, but also about wanting to be a mother and one might wonder how this passion for becoming a mother shaped her experiences of becoming one.

In contrast, Amelia, Andi and Kyo described how their interests in having children developed later in their lives and in the context of their current relationships. For example, Amelia explained:

“I hadn’t necessarily always thought I’d be a mum, but as we get a bit older [...] you start thinking about lots of interesting experiences in life [...] and then you think, well maybe we’d enjoy the adventure of being parents.” (Amelia, 9-20)

It seemed that she had not always had a strong desire to become a mother and rather that this developed once she had become older and alongside her partner’s shared desire, as something for them to do together, which is suggested by her repeated use of “we”. Andi similarly described how she had not had a significant urge to have children:

“I didn’t have a massive urge to have them.” (Andi, 347-48)

She further explained:

“It’s something that she really wanted and that’s cool, um, yeah I love [partner] a lot and I was prepared to do it because I love her and, but I think if I’d been in a relationship

***with somebody who didn't want to have children, I probably wouldn't have had children, yeah, the impetus came from her."* (Andi, 364-70)**

It seemed that similar to Amelia, her interest in having children developed within the context of her relationship. However, in contrast to Amelia, who seemed to have developed a mutual desire with her partner, Andi described her decision to try for a family as being heavily influenced by her partner's strong desire rather than her own, and it appeared that she had felt more ambivalent about having children.

Like Andi, Kyo described not having an urge to be pregnant or have children:

***"I never had this urge to, like get pregnant [...] maybe not a baby either to be honest you know, I just didn't think it was possible for me, you know.... I was a loner, I was just... that's maybe not part of this but I was not very good at relationships you know, you go through relationships... and then I was also out to my parents too, so I just didn't think it would happen."* (Kyo, 531-46)**

She reflected that this lack of an urge could have been because she did not believe that having children was a possibility for her, on account of the difficulties she felt she experienced in relationships and being 'out' to her parents; she subsequently described growing up in a traditional Asian society and one might wonder whether the societal heteronormative assumptions she described having been raised in may have contributed to a belief that being openly gay and having a family were mutually exclusive. Similar to Andi, her decision to have children appeared to have been primarily driven by her partner's desire:

***"I thought maybe we just don't do it, but she was so adamant that she wanted it and she wouldn't be happy without it and obviously I want to make her happy."* (Kyo, 137-40)**

There seemed to be considerable variation between the women in their ambitions to have a child and in what prompted their decisions to try for them. These seemed to be significant, as it appeared that the strength of their desire for a child might have influenced how the women subsequently felt and made sense of their experiences of having one, as will be explored later in themes 3.3.2. “Our” process?’ and 3.4.2. “Our” child?’, when the women described the extent to which they felt they were becoming mothers *together* with their partners.

3.2.3. Wanting it to be “ours”

Irrespective of whether the women had long-held desires to have children or had traditionally been more ambivalent, all of the women described wanting a child that was “ours”, meaning theirs and their partner’s together. For several of them, it seems that this was a matter of physically creating a baby together, between them, and that this was their primary reason for choosing to conceive through Reciprocal IVF over other methods. As Jo explained:

“Intellectually it was like, actually that’s the closest we could get to having a child between the two of us, and that became quite important to us.” (Jo, 39-41)

Jo’s use of the word “closest” seemed to suggest that they had considered other methods of conception but had chosen Reciprocal IVF because it was the one that *most* allowed them to feel they were having a child together. Given that the aspect of Reciprocal IVF that distinguishes it from other methods is the physical involvement of both of the women in the creation of the child, it appeared that their decision was driven by a desire to physically create a baby together and her comments appeared to reveal how important this was to them. It seemed that her understanding of what it meant to have a child together might have been shaped by dominant heteronormative discourses, which hold that a child is created between a man and women when they combine their genetic material and it could be suggested that

their decision to conceive through Reciprocal IVF might have been a way of aligning themselves with such dominant discourses.

Like Jo, Eileen and her partner also seemed to have chosen to conceive through Reciprocal IVF because it allowed them to feel that they were physically creating a child between them that was “theirs”:

“What that did was open up a kind of opportunity to both feel, you know, you know that we were making the baby together.” (Eileen, 128-31)

Eileen’s words, tone and facial expressions all seemed to convey how much this opportunity meant to her too.

In a similar vein, Amelia explained:

“We thought it was a nice well rounded way of being like typical parents [...] where both of us are involved.” (Amelia, 67-71)

Her use of “we” and reference to both of them becoming parents seemed to reveal their desire to have a child together that was “theirs”. Furthermore, her comment “like typical parents” was striking, and in light of popular understandings of what it meant to be a parent, one could interpret this to have meant that it was the opportunity for both of them to be physically involved in making their child that meant Reciprocal IVF appealed.

Similarly, Sarah and Andi described choosing to conceive through Reciprocal IVF over other methods because they felt it allowed them to physically create and have a baby together, between them that was ‘theirs’:

“It felt the way we were both a part of it most, doing it together.” (Sarah, 89-91)

“We thought it was a nice kind of thing to do, between the two of us to have children that she carried that were biologically related to me.” (Andi, 53-56)

In contrast to Jo and Eileen, Andi's tone and choice of words suggested a lightness of experience and this seemed interesting to reflect on in light of Andi's apparent ambivalence about having children, as discussed in 3.2.2.

Jade also described wanting a baby that was 'theirs':

“We started thinking ‘oh, now we can possibly start our family.’” (Jade, 44-45)

However, Jade appeared to differ from many of the other participants insofar as her desire for a child that was theirs seemed to have been less about physical enmeshment and instead more about them raising the child together once it had been born, as when describing their initial attempts to conceive through her partner undergoing Artificial Insemination (AI) she commented:

“It didn't matter; do you know what I mean? [...] I've got a stepdad who is amazing to me and I kind of, I think he taught me that it's not about, being a parent is not about biology as well and I think that's why I didn't have an issue with the baby being mine if we used [partner's] eggs [...] he'd taught me that you can still be an amazing parent without having to be biologically related, it's just DNA, it's just blood.” (Jade, 855-68)

The dominant discourses of the heterosexual nuclear family seemed less embedded in her account compared to others, and it is possible to hypothesise that this may have been influenced by her having been raised in a family (by a non-biological stepfather) that

challenged these ideas. Nevertheless, it was notable that once they made the decision to move on from trying to conceive via AI to Reciprocal IVF (as a result of being told they were more likely to be successful that way) she reported thinking:

“It was also kind of the baby would be a little of both of us.” (Jade, 646-644)

It seemed that whilst it wasn't initially important to her, her sense that they would be physically making the child together might ultimately have added to or secured her sense that the child was 'theirs'.

Kyo's experiences also seemed to contrast with other participants because her partner's initial attempts to conceive by undergoing solo IVF appear to have been driven by her own wants rather than shared desire for a child between them:

“She wanted her own child, she wanted to conceive with her own eggs.” (Kyo, 16-17)

However, it appeared that by the time they came to try to conceive through Reciprocal IVF Kyo had developed a hope that the baby would be 'theirs':

“Thinking the baby will come and it will be like equal, me and [partner's name] with a baby, that we look after equally.” [Kyo, 914-916]

It seemed that her desire to have a baby together was more about shared care-taking once the baby was born rather than a matter of physically creating a baby between them.

It was striking that whilst the participants were choosing to build their own narratives of family, it could be advanced that they were still being influenced by elements of heteronormative discourse and culture. All the women seemed to share a hope and expectation that they

would have a child with their partner that was theirs together and, as with the previous theme, the analysis suggested that the extent to which they subsequently felt they achieved this had a significant impact on their wellbeing.

3.2.4. Role choice

In addition to their desires for motherhood and hopes for a baby that was theirs together, many of the women discussed their preferences, or lack thereof, for a specific role in the process and the part these played in their ultimate decision to assume the role of egg donor.

Some of the women described a personal preference to not carry the pregnancy and their partner's antithetical and complementary desire to carry it. Fortunately for these women, it seemed that their preferences aligned with practical considerations and that they were able to assume their desired role. For example, Kyo explained:

"I had never like had this urge to, like get pregnant." (Kyo, 531-32)

Which seems to have been in contrast to her partner:

"She was always asking me you know "can I have your eggs, what do you think about donating?" (Kyo, 81-83)

Similarly, Andi described:

"Part of the reason we did what we did as well was because fundamentally I didn't want to carry children, um, I'm just not interested in it [...] and [partner] desperately wanted to be pregnant." (Andi, 42-52)

She continued to explain how these were supported by practical concerns:

“It’s [medical condition] strongly there in the family background, so I think we both felt at the time that us having kids that were my eggs were a way of avoiding any chance of that happening.” (Andi, 90-94)

Andi’s pleasure with both of them being able to take on the role they wanted seemed apparent:

“It was a win-win situation.” (Andi, 208)

Jade also described how she didn’t want to carry the pregnancy at that time, in contrast to her partner:

“I wanted to be a mum, but physically carrying and physically having a baby realistically takes about 18 months out of your life almost [...] it’s just I didn’t want that right there [...] and [partner] wanted to be pregnant and was desperate for that.” (Jade, 572-88)

She also explained how these preferences aligned with practical concerns, namely maximising their chances of successfully conceiving:

“That would give us the best chance.” (Jade, 642)

Additionally, minimising the chances of their child inheriting a genetic disease:

“She’s got a disease [...] it’s hereditary so the chance of the baby having it was really high, so there was the other part of it as well, talking about it, that that would kind of alleviate that [...] so that was another sort of plus for us.” (Jade, 1231-38)

However, Jade appeared to differ from Kyo and Andi insofar as her desire to not carry the pregnancy appeared to be less fundamental and more about timing, as illustrated by her comment “I didn’t want that *right there*” (italics added). This interpretation was supported by her subsequent comment, which suggested that she had an aspiration and intention to carry a pregnancy in the future:

“I’m going to be dreadful, I know it already [...] like when I do it [give birth].” (Jade, 2842-47)

Eileen reported that whilst she and her partner desired different roles, in contrast to these women, she wanted to carry the pregnancy and her partner hoped to share her eggs. However, it seemed that they were ultimately unable to assume these due to difficulties conceiving this way around:

“We had a series of unsuccessful cycles, then we had a miscarriage with egg sharing in the other direction, it started on a depressing kind of note [...] then I think what made us get to the kind of, ultimate position is that I realised I suppose the, my, almost my interest in being pregnant was actually stopping us from having a family, rather than making us have a family if that makes sense.” (Eileen, 17-29)

It seemed that for Eileen and her partner, they felt that in order to achieve their mutual desire for a family, they had to be practical and renounce their individual ambitions for specific roles.

“I think the sacrifice was realising that did we want to be parents? Yes. And what was the best decision for us as a couple to get to that position?” (Eileen, 97-100)

Eileen conceptualised this as a “sacrifice”, which hinted at the strength of her desire to carry the pregnancy and suggested she may have felt a real sense of loss when she did not.

Sarah's experience seemed to have varied from the other women, as she reported how neither she nor her partner had a specific role preference. Consequently, it seemed that their decision was shaped by practical concerns:

"I think the main decision was age, and because I was, we were quite happy to do it either way, I was happy to carry and she was happy to donate, but kind of having chatted it through with the clinic, they sort of suggest that in terms of the quality of the eggs and success rates it would be better, so we were quite happy." (Sarah, 135-142)

Similar to Andi, Kyo and Jade, who were able to assume their desired roles, Sarah appeared to have felt "happy" with her role. However, it seemed notable that she described having been open to carrying the pregnancy and not having had a specific desire to not take on that role. It could be advanced therefore that she too was making somewhat of a sacrifice in taking on the role of egg donor, and this interpretation seemed to be supported by her subsequent comments, which suggested that like Eileen, she also experienced a sense of loss:

"We were both benefitting in terms of being able to be involved, but we were both actually were giving up something as well: she as giving up a genetic connection and I was giving up the feeling of pregnancy and carrying." (Sarah, 830-33)

Jo seemed to differ from all the women insofar as her decision to take on the role of egg donor appeared to have been influenced by her partner's desire:

"She said "well actually I'd really love to be able to have your baby [...] that was what she wanted to do, she wanted to have my baby." (Jo, 17-26)

Whilst she never specifically referred to her own preference, her subsequent revelation that

when they made this decision they had planned to swap roles and conceive the other way around the next time suggested she did have an interest in being pregnant. Consequently, as with Sarah and Eileen, it could be proposed that her decision to support her partner's choice might have involved some personal sacrifice and that she may have experienced a sense of loss and sadness. However, her belief that she would have a chance to carry a pregnancy in the future may have mediated this.

There appeared to have been considerable variation amongst the participants in the extent to which they desired the role of egg donor. Their realisation, or not, of these preferences appeared to have had an immediate emotional impact on the participants at the time of their decisions. Furthermore, it also seemed that this affected their subsequent experiences, as will be discussed later in the analysis.

3.3. MASTER THEME TWO: CONCEPTION AND PREGNANCY: “OUR” PROCESS?

3.3.1. Overview of the theme

This master theme considers the participants' experiences during the conception and pregnancy. These appeared to have been shaped by their hopes and desires, as discussed in the first master theme, as well as others' reactions and heteronormative discourses, culture and language. The first superordinate theme “Our” Process?’ considers the varying extents and ways in which participants felt they were going through this stage together with their partner, and that it was ‘their’ process. The second superordinate theme “Our” process: Others’ intrusion versus embracement’ looks at their contrasting experiences of others’ involvement. The third and final superordinate theme ‘Who am I? Making sense of my role’ explores the ways in which participants made sense of who they were during this stage.

3.3.2. “Our” process?

There seemed to have been considerable variation between the participants in the extent to which they felt both they and their partners were involved in and went through the conception and pregnancy together, and that it was ‘their’ process, as many of them had hoped. In addition, the ways in which they felt they were, or were not, going through the conception and pregnancy together also seemed to have differed.

For example, Sarah described:

“It was our process.” (Sarah, 332)

Through emphasising “our”, she seemed to suggest this was central to her experience and hint at how important this had been to her, which is perhaps not surprising given her comments in 3.2.3. about her desire for them to both be involved and doing it together. She further explained:

“We were sharing [...] so I was taking on a bit more of the early parts and then she would sort of take over if you like [...] she was able to support me going through that and then I would obviously be supportive of her coming through that.” (Sarah, 1037-44)

It seemed that whilst Sarah felt that she and her partner shared in the sense that they each had their own physical part to play, beyond that she appeared to have felt that they also shared in these, through supporting each other in them. She went on to further explain:

“I definitely felt a part of [the pregnancy] because I felt like, um, you know, she was my little girl and I think again, glad of the attachment I felt to her, sort of, quite aware that had we done it the other way, would my partner have felt that attachment not having a

genetic connection?” (Sarah, 1731-37)

These comments suggested that she had also felt involved in the pregnancy because she felt emotionally attached to her daughter. Her uncertainty about whether her partner would have experienced the same attachment if they'd had to conceive through IUI (which was their backup plan if Reciprocal IVF did not work and which would have involved Sarah being both the birth and biological mother), suggested that she thought her attachment and sense of involvement in the pregnancy might have been due to her being the egg donor and the fact that she was genetically related to her daughter.

Similarly, it seemed that sharing her eggs meant Kyo felt part of the conception and pregnancy. This appeared to have been in sharp contrast to her previous experiences, when her partner had tried to conceive through standard IVF with her own eggs:

“There was that whole process of [partner’s] egg with somebody else’s sperm, so I was more of an outsider, you know, just kind of feeling sorry for her that it doesn’t work [...] but with [child], because it was a part of me and I went through a whole process, so I was more invested.” (Kyo, 306-15)

Through juxtaposing her previous experience of feeling like an “outsider” when her partner went through standard IVF with her own eggs, with feeling “more invested” with Reciprocal IVF, she seemed to emphasise the difference she experienced between them and suggest that she felt more like a fellow ‘insider’ with Reciprocal IVF, which one could interpret to mean that conceiving through Reciprocal IVF meant it felt more like ‘their’ process. She described feeling much more excited as a consequence of her physical involvement in the conception process:

“It was more excitement [...] because you know that it’s your egg inside somebody

else.” (Kyo, 303-06)

Like Sarah and Kyo, Eileen seemed to have felt the conception and pregnancy were “their” process, because they were both physically involved:

“Those moments of sort of fairly uncomplicated equity, kind of feeling that you’ve both... um, that kind of miracle is part of something that you’ve both done.” (Eileen, 320-24)

She subsequently described how important this was to her, after years of unsuccessful attempts and miscarriages:

“If you weren’t on the list of people who’d done something [...] that for some people that might feel um, that would take a kind of, that takes a different kind of intellectual and emotional step, which may have been beyond me and I think.” (Eileen, 344-52)

“I think any sense of feeling that I had let us down, goes away.” (Eileen, 254-56)

Her comments seemed to reveal how painful she’d found their failed efforts. It seemed that having a physical role, albeit not the one she had hoped for, helped her to feel part of the success and that this had been incredibly powerful and released her from the burden of feeling responsible.

Jade similarly appeared to have felt she was involved in the conception and pregnancy, however in contrast to Eileen and Kyo it seemed that her sense of togetherness was based on their mutual support for each other throughout:

“It felt very sort of together all the time, ‘cos we were both really supportive together.”

(Jade, 1710-12)

These comments seemed in line with her previous claims in 3.2.3. about it not mattering to her how their child was conceived and whether she had a physical role. Her use of “very”, “really”, “all the time” and repetition of “together” all seemed to suggest how strongly she felt they had gone through this process together and her smile and warm tone seemed to convey how pleased and happy she felt about this.

Whilst sharing their eggs also appeared to have meant that Amelia and Andi felt part of the conception (and to an extent also the pregnancy), they seemed to differ from the other women insofar as they described feeling somewhat like outsiders during the pregnancy and in this way it seemed that for them, it felt less like ‘their’ process:

“I think until [the birth] I was an important bystander and I’d played an active role, which was great upfront, but I was still a bit of a bystander.” (Amelia, 1165-68)

“I think I spent most of [partner’s] pregnancy in a kind of, feeling because I wasn’t pregnant and going through it, quite detached from it, it was almost like I was kind of observing it, but not really going through it the same way.” (Andi, 234-38)

However, Amelia’s description that she was “a *bit* of a bystander” and an “*important* bystander” (italics added) suggested that she didn’t feel like a complete outsider and was still involved and going through this together with her partner to a degree, and similarly Andi’s conceptualisation of her role as being “kind of” like an observer seemed to suggest that whilst she felt like something of an outsider, she did not feel like a total one. Interestingly, Andi’s sense that she was not as involved in the pregnancy seemed to be related to her emotional detachment and Amelia similarly commented:

“I think for [partner] it was slightly different, I mean she was carrying, so... but I felt a bit more detached probably.” (Amelia, 362-64)

Strikingly, there seemed to be a lack of expressed emotion in both of Andi and Amelia’s accounts. It is interesting to reflect on this in light of their earlier comments in 3.2.4. about neither of them desiring to carry the pregnancy and it is possible that this led them to feel that they were not missing out, because it was not important to them.

As a final point, it is interesting to note that even for Sarah, who appeared to have had a very strong sense of it being ‘their’ process, there nevertheless were moments of distinction: when describing the baby kicking during the pregnancy, she commented:

“I guess that a little bit of you feels like, ‘oh gosh, it would have been nice.... I wonder what that feels like’.” (Sarah, 1752-54)

Her wistfulness seemed to reveal her sadness about not having had the opportunity to experience the kicks. This appeared to lend further support to the suggestion in 3.2.4. that assuming the role of egg donor might have involved an element of personal sacrifice and a sense of loss for her.

It appeared that the extent to which the women felt that both they and their partners were involved in the conception and pregnancy and therefore that it was ‘their’ process was critical for how they felt about becoming a mother, or parent, and their psychological wellbeing.

3.3.3. “Our” process: others’ embracement versus intrusion

The women also described very different experiences of others’ attitudes and behaviour towards them during the conception and pregnancy. A few of the women described feeling

that others had accepted, supported and embraced them conceiving and expecting a baby together through Reciprocal IVF. For example, Jo described the doctor's and others' reactions:

“The head honcho, he just sat back in his chair and you could see professional curiosity cross his face and he just went “that is really interesting and really cool” and we were like “we think so too” and it was just like, it was just people actually embraced it and were really positive about it.” (Jo, 1199-1205)

Her animation as she recounted this experience seemed to convey her sense of delight that he and others had reacted positively during this stage.

Like Jo, Jade and Sarah described:

“Other people [were] just really supportive, just really excited for us.” (Jade, 2535-36)

“We were really lucky; everyone was really supportive.” (Sarah, 1879-80)

Sarah further explained:

“I think everyone was really genuine in terms of people who have asked questions have been genuinely interested rather than intrusive.” (Sarah, 1900-04)

Again, Sarah and Jade's words and tones seemed to suggest that they felt happy and grateful for this support, which Sarah's word "lucky" implied she did not feel was necessarily inevitable.

In a similar vein to Jo, Jade and Sarah, Kyo's descriptions suggested that she felt her parents had, to an extent, accepted and supported her and her partner conceiving and expecting a

baby together through Reciprocal IVF:

“I knew that because it was my egg that it’d be a lot easier for me to speak to them about it, rather than [partner’s egg], you know the whole thing was slightly more scary for them, but it was... it just made the whole relationship with my parents easier.” (Kyo, 372-79)

“They focussed on that and forgot about my sexuality and everything else, it was just about a kid and part of the family, and eventually [partner] became part of the family because she was the mother, and she is treated as family now, so it was kind of, came full circle you know, it worked out.” (Kyo, 385-91)

It appeared that both of them having a physical role in the process, compared to previous attempts when her partner had attempted IVF with her own eggs, meant that them conceiving and expecting a baby together was less “scary” for her parents and that this helped them to accept and support this. In light of Kyo’s description of her parents as being “quite traditional”, one could hypothesise that conceiving through Reciprocal IVF might have helped her parents to recognise them as mothers and as a family because they were both assuming a traditional mothering role (passing on their genetics and giving birth). However, whilst Kyo seemed pleased about this, her happiness appeared muted compared to Jo, Sarah and Jade and her subsequent comments seemed to suggest that this might have been because she felt their acceptance was not total:

“I didn’t like that they didn’t accept it fully, but they were trying.” (Kyo, 410-11)

In contrast to Jo, Jade, Sarah and Kyo, some of the participants described others as having intruded upon their processes of conceiving and expecting a baby together with their partner, meaning that their behaviour had been unsupportive and unwelcome. For example, Amelia

described others' reactions to their news:

“Lots of questions around us being gay and having kids and what does that mean for the children, and they’re not going to have a dad [...] I had like a whole barrage of questions from my dad, my brother...” (Amelia, 478-83)

And how she experienced this:

“It was intrusive.” (Amelia, 492)

Her description that it was a “barrage” of questions gave the impression that she felt she had been under attack, and her tone and facial expression as she remembered this experience seemed to convey her sense of anger and hurt. Notably, Amelia further commented:

“If anything, I think people thought it was good that we were both participating.” (Amelia, 557-559)

This seemed to imply that despite their uncertainty about them having a child, those around them considered Reciprocal IVF preferable to other possible methods of conception.

Similarly, it appeared that the antenatal group leader intruded upon Eileen’s experience of expecting a baby with her partner through repeatedly failing to recognise her as a fellow mother-to-be in their antenatal classes:

“She would say “mums over here” and then she would say “dads” and sometimes she would say “dads and birth partners”, which is not what I... you know... [...] I really felt like there’s no version of me as a mum in this room.” (Eileen, 592-600)

It seemed that the antenatal group leader may have had a traditional, heteronormative view of what it meant to be a mother and a family, and that she struggled to see beyond this. This appeared to have had a very profound effect on Eileen and it seemed that she had felt deeply upset and discriminated against:

“That was a genuinely upsetting experience.” (Eileen, 575-76)

“I felt like this is the kind of thing where you would sue them basically [...] it’s that kind of level, that kind of discrimination...” (Eileen, 923-925)

Eileen’s subsequent description of a positive experience with a breastfeeding professional seemed to reveal the full impact of the antenatal group leader’s behaviour:

“It absolutely made a huge difference to my... kind of my sense of self confidence about it or um, actually pride in the children and that kind of feeling that this, um, the kind um, it bestows a kind of legitimacy upon your sense of self when other people who are the professionals are just validating that experience by just talking to you politely [...] it did make a huge difference and it probably showed then the other experience in relief.” (Eileen, 1057-68)

Her comment that this positive experience showed the other “in relief” implied that it was in contrast to it, and one could arguably extrapolate these to suggest that her interactions with the antenatal group leader had challenged and undermined her developing maternal identity. It was striking that despite her earlier sense that she had played an equal role in creating and conceiving their child and that she and her partner were becoming parents together through Reciprocal IVF, this experience appeared to have shaken her belief in her claim to motherhood; it was as though any legitimacy she may have felt she gained through conceiving in this way was threatened and temporarily undercut. Fortunately, it seemed that the

breastfeeding professional's support went some way to mediating the profound distress she appeared to have experienced following her treatment by the antenatal group leader.

The attitudes and behaviour of those close to the women and of professionals in positions of authority seemed to have had a significant impact on the women's emotional wellbeing and how they viewed themselves during the conception and pregnancy.

3.3.4. Who am I? Making sense of my role

The women seemed to have varied considerably in terms of who they felt they were during the pregnancy, and how they made sense of their roles.

Eileen described caring for and supporting her partner during this stage, and it appears that as she did so she began to feel like mum:

“Once she was pregnant I was doing all the driving [...] I was kind of on top of feeding her and all of these kind of uh, jobs, I guess really feeling like for this stage of it, this is what it means to be a mum, actually what it means is to kind of make sure that three of them are as healthy as possible, to make sure they're all safe [...] to do all that of that practical stuff.” (Eileen, 775-86)

Her subsequent comments suggested that she had renegotiated and redefined her understanding of what it meant to be a mother in order to feel this way:

“Just to kind of uh, being kind of caught up in that imagery and idea of what it is to be a mother and I think it was important for me to let go of that part being the defining aspect [...] so in other words, to kind of think you're not less of their mother because you didn't give birth to them.” (Eileen, 160-70)

Here it seemed that she had previously considered the act of giving birth to be a defining feature of motherhood, which one could hypothesise might have been why she desired this role and why not being able to assume it was so upsetting for her and felt like a sacrifice. It was also striking that she described feeling this way despite the “intrusion” of the antenatal group leader and this seemed to lend support her suggestion that the breastfeeding lady made a “huge difference” to her sense of legitimacy as a mother.

In a similar vein, Sarah’s comments suggested that she felt she was becoming a mum during the pregnancy:

***“At that time, becoming a mum and thinking about thinking about things like that.”
(Sarah, 1282)***

Her tone, demeanour and way she spoke about this period suggested she felt content and happy with her sense of who she had been during this period.

Whilst Kyo appeared to have expected to have similarly felt like a mother during the pregnancy, it seemed that ultimately, in contrast to Eileen and Sarah, she did not:

“I remember thinking ‘well it’s my egg, so I should feel more like a mother’.” (Kyo, 590-91)

***“During pregnancy I think I was not really a mother, I was more like a father I think.”
(Kyo, 526-27)***

Interestingly, her use of the phrase “more like” seemed to suggest that she did not completely feel like a father either and that neither of these binary categories fully captured her lived

experience. In her subsequent reflections about why she felt this way, Kyo explained:

“Maybe because she didn’t have this connection with me immediately.” (Kyo, 1379-81)

“My friends all know who I am and like I’m not very girly so they all started to joke about me being the father and ‘you’ll be a great dad’ and stuff like that so I took on that role as well and they, and to be honest I don’t think there is much difference between being a dad and a woman from my point of view, because I didn’t carry the baby, you know?” (Kyo, 863-71)

It seemed that her lack of attachment to the baby, her friends calling her the father and her understanding of what it means to be a mother, namely to be pregnant, contributed to her sense that she was “more like a father” than a mother. Interestingly, Kyo seemed to believe that her friends calling her the dad was connected with her not being “very girly”, and this seemed to hint at a connection between gender and parenting identities.

Andi, Amelia and Jade appear to have differed from the other women insofar as they all described feeling like parents during the pregnancy, though for apparently different reasons.

For example, Andi explained:

“I saw myself as a parent, I don’t, you know, really define myself as, see a difference between the mother father role.... [partner] probably would because she gave birth to them.” (Andi, 291-95)

Her comments seemed to suggest that, similarly to Kyo, she did not feel there was much of a difference between being a mother and a father from her perspective and that this was possibly because she wasn’t pregnant and due to give birth. Interestingly, she seemed to

choose an adjective to describe who she was that is un-gendered.

Amelia also described feeling like a parent during this period:

“I’m not sure I thought of myself as a mum, I definitely thought of myself as a parent.”

(Amelia, 864-72)

She clarified what she meant by this:

“As a parent, yes, and I guess what I mean by that is that um, being the responsible one who will take care of everything in getting things organised and making sure everyone is safe and all of that, but not necessarily perhaps not the aspect of a mum of the more nurturing, um, um, still a bit emotionally detached.” (Amelia, 890-97)

It seemed that Amelia’s understanding of what it meant to be a mother was less about being pregnant and giving birth, like some of the women’s, and instead more to do with feeling attached and nurturing towards the baby; interestingly, her comments in 3.3.2. about feeling emotionally detached because she was not carrying the pregnancy suggested that her sense of herself being a parent was nevertheless influenced by her not carrying the pregnancy.

Similarly, Jade also described feeling like a parent during the pregnancy:

“We started feeling like parents then I think and getting excited.” (Jade, 2162-63)

Notably, Jade described both herself and her partner as feeling like parents together during this stage, which seemed in line with her sense that they were going through this process together and that it was ‘theirs’. Perhaps unsurprisingly therefore, her words and tone suggested that she felt very happy and “excited” about this.

Strikingly, it seems that whilst the women constructed their own narratives about who they were during this period, many of these appear to have been strongly influenced by heteronormative culture, discourse and language.

3.4. MASTER THEME THREE: “OUR” CHILD?

3.4.1. Overview of the theme

This master theme considers the women’s experiences in the next stage of their journeys: the first few weeks and months after the birth. Similar to their experiences during the conception and pregnancy, these appeared to have been heavily shaped by the extent to which they felt their reality met and fulfilled their hopes and expectations. In addition, their experiences and how they made sense of these also appear to have been influenced by others’ reactions and heteronormative discourse and language.

The two superordinate themes consider different aspects of the women’s experiences during this stage. The first superordinate theme, “Our” child?, considers the varying extents to which participants felt the child was ‘theirs’, meaning theirs and their partners together, and what factors contributed to these. Within this, the first emergent theme ‘Who am I?’ considers who the women felt they were during the first few weeks and months following the birth, whilst the second emergent theme ‘Managing and rebalancing’ explores how the women who did not appear to have a strong sense of the child being ‘theirs’ and who described feeling somewhat left out following the birth managed their experiences. The second superordinate theme “Our” child: others’ acceptance versus disapproval’ looks at the women’s differing experiences of others’ involvement and its emergent theme ‘Managing Others’ Disapproval’ considers how the women responded in situations where others appeared to disapprove of their family.

3.4.2. “Our” child?

There appeared to be considerable variation between the women in the extent to which they felt they were becoming mothers, or parents, *together* with their partners and that the child was ‘theirs’ in the weeks and months following the birth. A few of the women described having experienced a strong sense of the child being ‘theirs’. For example, Jade described the baby as “ours”, which strongly suggested that she felt that they’d had a baby between them, as she’d hoped:

***“She was here and she was ours [...] you don’t get any sleep at all, if you’re not feeding, you’re staring at her and it was just, it was just lovely, it was a really happy experience.”
(Jade, 3179-81)***

Her subsequent use of “you” and “you’re” in this extract, rather than the singular “I” or “she”, suggested that they were both taking responsibility for and involved in the caregiving and this seems to have contributed to and reinforced her sense of togetherness. In addition, she also commented:

The joke in the house is if she does something naughty, it’s like ‘oh she gets that from you’ or vice versa, so ‘she gets that from you’, and I’m like ‘well you cooked her, I didn’t order her that way’ [laughs] [...] so It’s good, there’s never a thought process of ‘oh she’s not yours, she’s not,’ it’s not about that, she’s ours, we made her.” (Jade, 868-80)

This joke seemed to suggest that both of them being physically involved in the conception process added to her sense that she was ‘their’ child after the birth and her tone, laugh and comment “it’s good” all seemed to convey her delight with this.

Like Jade, Andi’s language and descriptions seemed to suggest that she felt that she and her

partner were becoming parents together following the birth and that the twins were 'theirs', as illustrated in these extracts where she repeatedly says "we" and also "ours":

"After we'd had ours." (Andi, 630-31)

"The night before they said they'd let them go home we had to go and spend the night in the hospital with them, so we could prove we were competent." (Andi, 960-64)

It appeared that Andi and her partner were both involved in, and shared responsibility for, caring for the babies following the birth and that this contributed to her sense that they were 'theirs':

"Cos there were two, cos it's difficult to do on your own, so, so I was getting up at night with them and I was getting up and changing their nappies and you know, I did all of that, I did all the hands on stuff you know [...] I felt I had a lot of time with them." (Andi, 2045-50)

Similar to Jade and Andi, Eileen's use of "we" and recollection that both she and her partner would call themselves the babies' mummies following the birth seemed to suggest that she felt that the twins were 'their' children:

"You would kind of go back and forth to the hospital, we would have to, you know again, you don't have any name, you just have to say 'oh it's [child's name] and [child's name] mummies are here'." (Eileen, 1386-91)

Whilst her comments in 3.3.2. suggested that both of them having a physical role in creating them was important for her to feel this way, it seemed that their decision to equally split the year of parental leave and share responsibility for caring for the twins was also significant:

“We’ve both been ‘that’ mum [...] both been that mum who does the kind of, drags them to toddler group, or that mum who has to kind of deal with everybody having a bad day [...] we’ve both been the mum who goes to work and gets away from it, you know [...] I think it’s really important for both of us to feel that we, neither kind of shirked that hard bit.” (Eileen, 1665-75)

She continued:

“There’s an equality in it and a sort of um, when I think about dads who felt like they wish they’d had that time, neither of us feeling like we’ve just had to go to work and we’ve missed it all.” (Eileen, 1661-84)

Eileen’s words and tone appeared to convey how hugely important she had felt both of them having the opportunity to care for their children was. Interestingly, it seemed that their negative and “intrusive” experiences with the antenatal group leader, as discussed in 3.3.3., had encouraged their decision to share the parental leave and care taking in this way:

“The antenatal classes were a push to that I guess because they were a way of sort of seeing that kind of, you know, old fashioned heteronormative version of parenthood and thinking okay, that’s not what we are going to make happen [...] what are we going to do?” (Eileen, 1056-68)

These comments seemed to further reveal the strength of the impact that the antenatal group leader’s behaviour had had.

In contrast to Eileen, Jade and Andi, some of the women described feeling left out during the first few weeks and months as their partners assumed primary responsibility of looking after

the baby. These women did not seem to feel they were becoming mothers or parents together with their partners during this time and appeared to have had a weaker sense of the child being 'theirs'. For example, it was striking that despite Kyo's hopes for a baby that was 'theirs', that they would look after together, it wasn't like that initially:

"It was more like, yeah, that like looking after [partner] just continued, I remember feeling disappointed [...] you know, that we weren't like equal mother from the beginning." (Kyo, 917-24)

"Outsider, yeah, very much so and because they were bonding so much, it used to be me and [partner] bonding so much but I felt left out, you know [partner], baby.... I was outsider just doing the cleaning and cooking." (Kyo, 1117-21)

Her words, tone and pained facial expressions seemed to reveal how distressed she had been about feeling left out and not having had the chance to take care of and bond with the baby early on.

Like Kyo, Jo described a lack of opportunities to care for with her son in the first few weeks and months as her partner breastfed and remained at home whilst Jo returned to work:

"Breastfeeding was going on for such a long period of time, there's no... that I don't really get a look in." (Jo, 2057-59)

"It was very much about helping her to do what she needed to do, so I became the support rather than necessarily the caregiver [...] so it was less about him and more about her." (Jo, 1489-96)

It seemed that as a consequence she too felt she did not have the chance to bond as early,

or quite in the way she had hoped:

“I wish that I’d had more of an opportunity to have developed more of an earlier maternal bond with him.” (Jo, 2044-47)

“I’m a different mother as a result and a little bit sad about having not had that opportunity to be, have that, what I assume is like one of those really earthy maternal bonds.” (Jo, 2090-93)

Her regret and disappointment seemed palpable and were striking given her earlier reflections in 3.2.2. about how desperate she had been to become a mother.

Similarly, it seemed that Amelia also felt somewhat left out following the birth and that she did not have as many opportunities to care for and bond with the baby as her partner, because she breastfed and took maternity leave whilst Amelia returned to work:

“Maybe I was a little bit jealous sometimes when [partner] and [child] had this kind of bonding moment and they’d look very cute together and I wanted to be part of it, so I felt like this was a moment where I could see that special bond I suppose between the two, which is a very physical bond but also an emotional one, and I wanted to be a part of that too, and then you don’t necessarily if you’re not breastfeeding [...] I think at first [partner] probably had the primary relations because that’s how it is and she’s been a physical and intense experience.” (Amelia, 1385-1404)

“I had to go back to work when he was 15 days old, and of course she spent the whole time with him and you’re um, a little bit happy [...] but at the same time I’m a bit jealous too of the, not jealous, it’s too strong a word, envious of the um, relationship and wanting to build your own.” (Amelia, 1421-34)

Sarah's experiences during the first few weeks and months seemed somewhat unique. Like Jade, Andi and Eileen, her description of the first six weeks following the birth suggested that she felt she was becoming a mother together with her partner and that the baby was very much 'theirs' during this time:

"I felt part of it and yeah, we spent a lot of time together and [...] I think, just being as a family, together, yeah a lot of the time we were just sitting on the bed chatting [...] and it was nice, you know, it felt like family time, the three of us, it was nice and it um, you know, feeling like a unit." (Sarah, 2362-76)

However, her description of her experiences after 6 weeks, when she returned to work, suggested she no longer felt they were sharing the care-taking and that she instead felt she was missing out on opportunities to be with her daughter, which appeared to be more in line with Kyo, Jo and Amelia's experiences:

"Up until going back to work, we knew what was going to happen and we were very happy sort of sharing it, and at that point I think for me I felt as though I was losing out, definitely [...] as a mum." (Sarah, 2555-64)

"I think that the time, I think, is definitely what I felt like I missed, missed out on, was the time with her when I was in work and she was on maternity leave." (Sarah, 863-67)

Her subdued tone when describing the period following her return to work contrasted sharply with her brighter one when describing the initial six weeks, and together with her words seemed to suggest that her initial sense of happiness and contentment was replaced by a deep sadness.

It appeared that for the women to truly feel that they'd had a baby between them and their partners, as hoped, in addition to both of them having physical roles in the conception and pregnancy it was critical that they also both had opportunities to care for and bond with their baby following the birth. The women's experiences revealed that having the space, or lack thereof, to care for and bond with their children had a considerable impact on their emotional wellbeing.

3.4.2.1. Who am I?

The women appeared to have differed in who they felt they were during the weeks and months following the birth. A few of the women described feeling that they were mothers during this period, including Jade:

“We’re both her mums.” (Jade, 3547)

It appeared that her and her partner's mutual involvement in the creation of their daughter and in caring for her after she was born had supported her sense that they had both become mothers. Her smile and tone revealed her contentment and happiness with this.

Similarly, Eileen described feeling that she was a mother following the birth:

“Then a nurse just saying to me 'alright mummy, you need to bring in nappies and cotton wool' and you know when someone first says that to you and you go, 'oh, I'm the mummy' [...] and you think 'shit, actually, yes, that is me [laughs]'. (Eileen, 1339-49)

She further explained:

“That realisation that you're not yourself anymore, but it's also like you are defined by

them [...] in a genuinely empowering and meaningful way. You know, realising that everything you're doing is about kind of what they need, or where you are is where they need you to be.” (Eileen, 1379-84)

Eileen's comments here about realising that she had changed as she cared for and attended to her children's needs, together with her comments in 3.3.2. about how critical it had felt for her to have a physical role in the conception and pregnancy, suggested that, similar to Jade, both had been important for the development of her maternal identity. Eileen's words and laugh seemed to reveal that she too was delighted with who she felt she had become.

Like Jade and Eileen, Jo also appeared to have felt like a mother following the birth:

“There was a lovely, lovely training midwife who wrote the notes out and had referred to me also as mother [...] and someone had actually gone through and changed that to ‘wife and mother’s guest’, and I took offence to that.” (Jo, 1155-60)

“Mother’s guest was just not accurate let just say, given that I was actually the biological mum as well as his mum, not his only mum, but I was one of them.” (Jo, 1175-78)

Whilst her earlier comments in 3.4.2. revealed that she had felt she had not been able to bond with her son as early, or quite in the way she had hoped following his birth, it seemed that she had nevertheless felt that she had become a mother at that point, and that her genetic connection to her son had been central to this. Her affection for the trainee midwife and offence and apparent upset at the alteration to the medical notes seemed to reveal how strongly affected she had been by others' recognition, or lack thereof, of her motherhood.

In contrast to Jade, Eileen and Jo, a few of the women described feeling like parents following

the birth. For example, Andi explained:

“It was at that moment [looking after the babies] that reality sunk in of what it was going to be like to be a parent.” (Andi, 972-73)

Whilst it seemed she had continued to feel like a parent following the birth, as she had done during the pregnancy (see 3.3.4) her comments suggested that she had developed a new understanding of what this meant as she cared for her children. Similarly, Amelia described continuing to feel like a parent in the initial weeks and months following her son’s birth:

“I’m not sure I thought of myself as a mother, I definitely thought of myself as a parent, for sure.” (Amelia, 1071-73)

In light of her earlier suggestion that the difference between a parent and a mother was feeling nurturing towards and having a significant emotional bond with the baby (see 3.3.4), it seemed that her sense that she was missing out on opportunities to care for and bond with her son in the initial weeks and months, as described in 3.4.2, had shaped her sense of who she was during this period.

Sarah seemed to differ from the other women in terms of who she felt she was following the birth. It appeared that her return to work and sense that she was “missing out”, as described in 3.4.2., meant she struggled to make sense of who she was for several months:

“I would say between that uh, sort of 6 weeks to maybe 6, 7, 8 months, that period I struggled a bit with my role in everything.” (Sarah, 2680-82)

“I said ‘well there aren’t any other dads there’ and she said ‘oh well, you’re not a dad’ and I said ‘well I am, that’s the role that I’ve chosen, sort of, you’re at home’ and we did

have a sort of a bit of a, not an argument but a bit of a... because it's not, I am a mum and I've been able to sort of be a part of, genetically a part of um, my little girl but in terms of a traditional roles, she was taking on.... (Sarah, 2599-2607)

It seemed that whilst her physical role in the conception and genetic connection to her daughter added to her sense of being a mother, her partner assuming a more traditional mothering role by staying home and caring for their daughter while Sarah returned to work led her to also feel like a dad. This contrasted with her earlier sense that she was becoming a mother during the pregnancy (see 3.3.4), and her words and tone seemed to reveal how distressing she found this struggle.

Kyo's sense of who she was after the birth also seemed to differ from the other women. It seemed that her experience of being "left out" in the weeks and months after her daughter's birth, as explained in 3.4.2., contributed to her sense that whilst her partner had become a mother, she had not, because she had not been able to do much for her child:

"I just didn't feel like a mother, because [partner] was the mother [...] because I couldn't do much for [child]." (Kyo, 1146-53)

She further explained:

"I remember feeling like, you know, I should just survive, but not think about myself as this time, because it's a special moment, but I'm not feeling it and I didn't have anyone to share with, so I remember feeling that because I was not a father, not a mother, like I don't really have anyone to share.... [...] yeah, how to realise my emotions or something, you know." (Kyo, 1130-41)

It seemed that her sense that she was neither a mother nor a father meant that she did not

feel she had anyone with whom she could share and make sense of her struggles, and that this left her feeling incredibly isolated and like she was just trying to “survive”.

Whilst the women’s understandings of who they were appeared to have evolved following the birth, it seemed that these continued to be heavily influenced by heteronormative culture, discourse and language, and that this was incredibly problematic for several of them.

3.4.2.2. Managing and rebalancing

The women who described feeling that they had missed out on opportunities to care for and bond with their children following the birth appeared to have used various strategies and encountered certain events that helped them to manage their disappointment and upset and gain more time to spend with their children. This in turn seemed to have meant they felt they were better sharing and balancing the care-taking with their partners. For example, Kyo described:

“In those first few weeks it shifted so much so quickly, it was so hard to bring it back, I mean that’s why I spent so much time with [child’s name] to bring it back to equilibrium, you know, to be the equal mother, but I mean it was quite hard, you know, lots of negotiation.” (Kyo, 1802-08)

It seemed that these negotiations began with an initial conversation, during which she let her partner know how she was feeling:

“She didn’t want to let go [...] so at some point we had to sit down and say, let’s have a chat, I’m feeling a bit sad here and you know, can I take her a little bit rather than just taking care of you sort of thing.” (Kyo, 1055-60)

Despite finding these negotiations “hard”, it seemed that Kyo was subsequently able to enjoy more time with her daughter:

“I start to walk with her, you know, in the sling, so she was always in my pouch, and that was my job to get baby to sleep [...] I guess that was like my pregnancy or something, I had her in my, quite close to me all the time.” (Kyo, 1003-10)

Her comment that carrying her daughter in the sling was like her “pregnancy” seemed significant when considered in conjunction with her earlier reflection that she had been concerned that she was missing out on “the happiest moment of her life” (Kyo, 606) and an opportunity to bond with the baby when her partner carried the pregnancy, and this comparison seemed to suggest that she felt this was *her* happy time and *her* opportunity to bond with her daughter. In contrast to her description of feeling like an “outsider” immediately after the birth, it appeared that as a consequence of spending more time with and caring for her daughter, Kyo began to feel more like a mother, or parent, though she appeared to remain unsure about how to describe herself:

“I think after 6 months there was a clear moment when I thought, okay, you know, like I, yes I guess mother or parent, you know at 6 months I think, I think this is when things change you know.” (Kyo 987-91)

Like Kyo, Sarah described how she also spoke to her partner about feeling that she was missing out on time with her daughter:

“I was feeling quite frustrated in the beginning without talking about it, trying to sort of think, well, why isn’t she seeing how I’m feeling, um [...] so once we started talking it became a lot easier, sort of seeing each other’s perspectives.” (Sarah, 3164-70)

Her comments suggested that talking it through helped Sarah to feel understood and that this had a considerable and positive impact on both her mood and relationship. However, prior to doing this Sarah described how she managed her struggles and uncertainty about her role by trying to make sense of it:

“It was sort of acknowledging that I was taking on the dad role, and sort of, being a feminist if you like it feels wrong to label it as that, but in my own head it made me feel better [...] if I think about it that way it’s um, it made more sense [...] sort of um, having that definite clear role and this is what I do and this is how I support them.” (Sarah, 2656-73)

It appeared that whilst telling herself that she had taken on the dad role helped by giving her a sense of clarity, she also seemed uncomfortable and conflicted about this as it did not sit well with her sense of herself as a feminist. Interestingly, whilst both reassessing her role and talking to her partner seemed to have helped Sarah manage her upset, it ultimately appeared to be her partner's return to work that meant she no longer felt she was missing out and that they were better sharing the childcare:

“I think probably when my partner went back to work I think that’s probably when we became equal mums, because our roles were exact then, she wasn’t feeding, she wasn’t at home the whole time [...] there is no difference in our worlds.” (Sarah, 3306-15)

“I have been taking [child] to places on my own now as well, because she’s been back at work for a while, so I’ve been taking days off and taking her to places on my own with them.” (Sarah, 2673-78)

Strikingly, in contrast to feeling like a dad when she wasn't performing as much of the

childcare, she described herself and her partner as equal mums once this became more balanced.

In a similar vein to Sarah, it appeared that Jo tried to manage her disappointment with her role following the birth by trying to make sense of it:

“I had an image of what a mother is, but actually the fundamental part of being a mother is actually being what he needs me to be, it’s about him and it’s about my partner.” (Jo, 1661-65)

It seemed that she did this by renegotiating her understanding of what it meant to be a mum, so that it better aligned with her experiences. Jo also revealed that she had just started working compressed hours and that, at the time of the interview, she was taking a few weeks leave from work to spend time with her son:

“It wasn’t until now, even until this month when I’ve actually had the opportunity to really be a primary caregiver that I’ve kind of, I’ve kind of developed a sense of the mother I am and the mother I want to be, and having that opportunity to be, to spend that sort of time with him.” (Jo, 624-636)

“Oh, massively more connected.” (Jo, 1905)

It appeared that, like Kyo and Sarah, spending more one-on-one time with her son had a significant impact on her bond with him and her sense of who she was, and Jo’s tone and demeanour seemed to convey her delight at this. Furthermore, Jo’s comments seemed to reveal that she had been struggling to build a strong connection with her son and sense of the mother she was for over 13 months, since his birth, and that it had taken time to develop both of these.

Like Kyo, Sarah and Jo, Amelia also described how new opportunities for her to bond and care for her son emerged after an initial imbalance between her and her partner:

“If you actually bottle-feed, which we ended up doing after a couple of weeks anyway, so then you have the same ability to bond, which I think is very nice and um, um, yeah, I started really kind of growing and growing as a mum there and feeling more attached [...] I think it became balanced very quickly.” (Amelia, 1394-1411)

In contrast to the other women, the imbalance between Amelia and her partner seemed to resolve fairly quickly, after just a couple of weeks, rather than after several months. Notably it seemed the opportunities to care for and bond with her son meant she started to feel like a mum, in contrast to her previous descriptions of herself as a “parent” (see 3.4.2.1.).

These women’s experiences further suggested that having a genetic connection to the child was alone not enough for them to fully feel that the child was ‘theirs’ and that they were becoming mothers or parents together with their partners, as desired. It appeared that if they wanted to truly feel that they had had a child between them, they needed to actively create opportunities for both of them to care for and bond with the baby following the birth.

3.4.3. “Our” child: others’ acceptance versus disapproval

The women described their contrasting experiences of others’ involvement following the birth. Whilst all of the women described positive interactions with others, in which they appeared to have felt recognised, supported and accepted as a family in which they were both parents or mothers to their child, several of them also recounted times when this was not the case and they instead felt that others had failed to recognise or approve of them as a family. These experiences seemed to have been profound and to have shaped the women in diverse ways.

Sarah and Jade only described positive interactions with others, in which they appeared to have felt accepted and supported as a family and as being mothers alongside their partners, to 'their' child:

"Everyone was just, just happy and overjoyed and happy for us." (Sarah, 2121-23)

"They were fantastic." (Jade, 3081)

The delight in both of their words and tones seemed unmistakable.

In a similar vein, several of the women described having felt supported and accepted by their families. For example, Jo enthusiastically explained:

"Our families could not be more supportive." (Jo, 1209)

Like Jo, Andi and Eileen described:

"They've been supportive [...] immediate family have been very accepting." (Andi, 2168-70)

"I think there were all pretty good, pretty good, top marks for the family, yeah." (Eileen, 1152-54)

Their head nods and smiles, together with their words and tones seemed to reveal their happiness about this.

Similarly, Amelia described how, after her family's initial uncertainty and "intrusion" during the

conception and pregnancy (see 3.3.3.), she felt they came to better accept and support her and her family following the birth, and she too seemed pleased about this:

***“Then they are more accepting of you, and of course that means it’s easier for me.”
(Amelia, 628-30)***

Likewise, Kyo reflected:

“We were quite accepted I think.” (Kyo 2065-66)

However, Kyo’s use of “quite” seemed to suggest that whilst she had felt mostly accepted, she did not feel they had been totally accepted by others and she went on to describe an occasion when a couple of mothers reacted negatively towards her and her partner:

“They are criticising the way we have our babies.” (Kyo, 2051-52)

In the context of this story, she further reflected:

“Sometimes I feel like mothers can be quite harsh on other mothers and I decided that I would never make a judgment on any other mothers, because you never know what’s going on.” (Kyo, 2037-41)

Her comments here seemed to suggest that she felt they had been harshly judged by other mothers and that she had felt reasonably upset by their criticism.

Significantly, it appeared that, like Kyo, despite their mostly positive interactions with others, several of the women had also experienced occasions when they felt others struggled to recognise their families and disapproved of them. For example, Andi recalled:

“There’s been a couple of remarks by [partner’s] less immediate family [...] where I think there was a little bit of, you know, raised eyebrows and things [...] that’s just not really affected us and it’s been fine.” (Andi, 2191-2200)

Fortunately, and in contrast to Kyo, it seemed that where she did encounter “raised eyebrows” and less acceptance, she was able to dismiss others’ reactions and not be particularly affected.

Amelia similarly described interactions with others who appeared to disapprove of their family:

“You always encounter people where, um, you, you start introducing your family and then you seem them tick a bit and then it’s like, our kids are right there.” (Amelia, 1996-99)

She appeared concerned about the impact others’ comments would have on her children and deeply frustrated at their apparent disregard for this.

Like Kyo, Andi and Amelia, Eileen also recounted a time when she did not feel recognised or accepted by another:

“I remember being in the special care unit and one of nurses kind of whispering to me, ‘so, do you know who the daddy is?’ [...] so those kind of moments when you think, uh, where people go wrong I suppose.” (Eileen, 1875-1881)

It appeared that the nurse had not recognised their version of family, in which there was not a “daddy”, and that she did not perceive the babies as being theirs alone. It seemed that the nurse’s understanding of what a family was aligned with dominant heteronormative discourses

and Eileen went on to describe how upsetting she found this:

“They’re quite upsetting.” (Eileen, 1889)

It was striking that Eileen appeared to have had negative experiences with healthcare professionals both during the pregnancy and following the birth and that on both occasions the lack of recognition and support for their family appeared to have caused her considerable upset.

Finally, Jo also seemed to have encountered others who did not recognise or approve of her family; it appeared that on one occasion when she took her son to a baby group that her partner frequently took him to, others failed to recognise her as a fellow mother to their son and that even once she had explained, some of them did not seem to approve of their family setup:

“They all assumed that I’m his carer, so assumed that I’m his nanny [...] so I’ve had to then go ‘no, I’m his other mother’ and it’s, you get some really odd reactions and that’s, you know, some people are like ‘oh okay, fine, whatever’, and they’re not bothered and then like other people are like ‘ohhhh’ and you’re like ‘oh’.” (Jo, 2230-40)

The assumption that she must have been his carer or nanny, and lack of support for their mutual motherhood appeared to reveal the prevalence of heteronormative understandings of family. Furthermore, these reactions seemed to have had a profound impact on Jo’s sense of herself as his mother:

“I’d like to say no, but actually I do think it impacts you. Unfortunately, I do think it makes you feel a little bit less of his mum.” (Jo, 2547-49)

Her sadness was tangible. Notably, Jo further commented:

“There’s an injustice about it as well, because he is, you know [...] because he is genetically mine, it’s like, well no, he is my child. It’s like well actually no, we’ve made it all equal [...] we’ve done ‘everything right.’” (Jo, 2357-64)

Her comments here seem to further support the earlier interpretation that that her physical role in the conception and her genetic link to her son had contributed to her sense that she was a mother (see 3.4.2.1.). In addition, it appeared that she felt that this meant others should have recognised her as such too, and that consequently when they failed to do so, she experienced a strong sense of injustice.

Other’s attitudes and behaviour towards the women appeared to have a significant impact on their emotional wellbeing and senses of themselves as mothers. Whilst the women’s experiences of others suggested that popular understandings of what it means to be a family are evolving, it also seemed that traditional, heteronormative ones continue to pervade society and contribute to prejudices and deeply problematic behaviour towards families that differ from these.

3.4.3.1. Managing others’ disapproval

Many of the women described how they managed and responded in situations where they felt others had not recognised or disapproved of their family and of them both being parents or mothers to their child.

Several of the women described seeking to educate others about their families and appropriate responses. For example, Jo explained:

“Some people haven’t come into contact with it and part of our job as being out is to help educate people.” (Jo, 1145-47)

“We always introduce ourselves as wives, or um, mummy [...] it’s just coming out to a certain degree, it’s making it, it’s micro coming out.” (Jo, 2610-12)

Her comments seemed to suggest that being ‘out’ meant they had an inherent responsibility to educate others about their family, presumably to challenge dominant discourses about family for the benefit of other members of the LGBTQ+ community and anyone else who didn’t fulfil heteronormative ideals. One might wonder what impact constantly having to come out might have on someone’s psychological wellbeing.

Like Jo, Amelia described:

“What I’d like to do is show how this is fine, it is normal, it can be normalised, it’s not something that weirdoes do somewhere. We are balanced normal people and I think I’m hopeful that will help the cause of others later also.” (Amelia, 724-40)

“I’d like to think that you end up, yeah, end up having a little sphere of influence and you change society you know, with you sphere of influence [...] and all of these things become acceptable and normalised.” (Amelia, 2324-2332)

It seemed that like Jo, Amelia hoped that through educating others and normalising their family, this would help change society and dominant discourses, for the benefit of other families like theirs.

Similar to Jo and Amelia, Eileen also described seeking to educate others so that they might respond to families like theirs better in the future:

“I think it’s those kind of moments of being, not about being more resilient to them, because they’re quite upsetting things [...] but I think to be, um, better at kind of calmly saying to someone, have you thought about what that might kind of... to try and sort of not let person go on in the world saying that to someone else.” (Eileen, 1887-94)

In contrast to these women, Andi appeared to have responded by dismissing and ignoring others’ lack of acceptance and disapproval:

“I’m really good at ignoring the bullshit and I’m just not interested in that.” (Andi, 2195-96)

It was striking that the majority of these strategies were externally focussed and appeared to have been designed to challenge and change others’ attitudes and dominant societal understandings of family and motherhood. The women’s attempts to educate others about their families and normalise them seemed to highlight the need for us, as a society, to create more space for different types and ways of doing family.

3.5. MASTER THEME FOUR: WHO AM I NOW?

3.5.1. Overview of the theme

The fourth and final master theme considers the women’s most recent experiences in their mother and parenthood journeys. The theme ‘Who am I now?’ explores who they felt they were at the time of their interviews. It builds on similar themes in the two previous master themes and demonstrates how these had evolved over time.

3.5.2. Who am I now?

The women varied in how they viewed themselves at the time of their interviews. Several of the women described themselves as mothers. For example, Jade explained:

“I love it, I love being a mum.” (Jade, 3468-69)

It appeared that her sense of who she was had remained constant since the birth of her daughter, when she first described feeling like a mother (see 3.4.2.1.), and that she felt extremely happy and secure in this.

Similarly, Eileen described:

“Realising that they are changing all the time and the version that, the mum you need to be has to somehow keep a-pace with that.” (Eileen, 1847-50)

Like Jade, it appeared that Eileen’s sense of herself as a mother had remained unchanged since her children were born, though interestingly her comments revealed that she felt that her role and how she mothered was constantly changing.

Amelia also reflected that she felt like a mother at the time she was interviewed:

“I definitely completely feel like a mum now.” (Amelia, 1642-43)

It appeared that since things had “rebalanced” between her and her partner and she had gained the same ability to bond with their son (see 3.4.2.2.), she had continued to “grow” as a mother and now completely felt like one. Her happy demeanour and tone revealed her happiness with this.

Like Jade, Eileen and Amelia, Jo also described feeling she was a mother:

“It probably does reflect the sort of mother I am and will be, which is I am going to be what he needs me to be.” (Jo, 1652-54)

However, in contrast to these women, Jo did not appear to feel completely confident and secure in her sense of herself as a mother:

“To a degree I see [partner] more as his mother because she gave birth to him, and I think that’s, I think I liken what I did to what a guy would normally do, I’ve given her genetic material to create our child and so from a traditional perspective she’s more of a mother.” (Jo, 2371-76)

It seemed that despite her efforts to renegotiate her understanding of what it meant to be a mother (see 3.4.2.2.), she was still struggling to let go of her long held and more traditional views. Her sadness and distress about feeling less of a mother was palpable.

In contrast to these women, Andi seemed to continue to feel like a parent at the time of the interview:

“I’m a parent, and you never stop being a parent.” (Andi, 2446-27)

She appeared to feel secure and content with this.

Finally, Kyo also seemed to have a different sense of who she was compared to the others, and described feeling like neither a mother nor a parent:

“I will always think of myself as partly father, partly outsider, you know it’s that sort of special... I wish there was a name for it actually, if you can come up with a name for it after this research cos I just don’t feel like... it doesn’t quite.... It doesn’t quite.... And also it’d be easier on Google research if there’s a name for it then I could just.... [...] something between a mother and a father maybe.” (Kyo, 1961-73)

She further explained:

“I think it has something to do with me feeling like that as a person anyway, without even the baby, probably somewhere in-between [...] or something different...I think if I had carried the baby I would feel like a mother, I suppose.” (Kyo, 1977-87)

Her comments suggested that her sense of herself as being “somewhere in-between” a mother and a father was influenced by traditional understandings of what it means to be these and also her sense that she was neither binary male or binary female. Notably, her comment that she was “special” implied that she felt happy and was not distressed by the fact she did not feel like a mother, despite having expected to (see 3.3.4). Nevertheless, her desire for a term that she could type into “Google research” seemed to suggest that she would have liked to have been able to access information or support about her role as someone who donated their eggs to their partner through Reciprocal IVF, and that she had not been able to; one might wonder how helpful she might have found being able to access these, particularly after the birth, when she described having felt deeply distressed and alone (see 3.4.2).

Whilst many of the women appeared to have developed senses of who they were that they were happy and content with, others described their ongoing struggles to make sense of who

they were and to feel secure and happy with these, and these seemed to further reveal how problematic heteronormative understandings and language can be and reinforce the importance of deconstructing these.

CHAPTER FOUR: THE DISCUSSION

4.1. INTRODUCTION TO THE DISCUSSION

The Analysis has displayed the depth and breadth of the unique experiences of these seven women; the purpose of this chapter is to relocate these experiences in the wider field, to show their relevance to theory and implications for practice.

To begin with, a summary of the key findings will be presented. How these relate to existing literature and theory will then be discussed, before the strengths, limitations and transferability of the study are presented. Finally, the implications and relevance of this study for the discipline of Counselling Psychology will be considered.

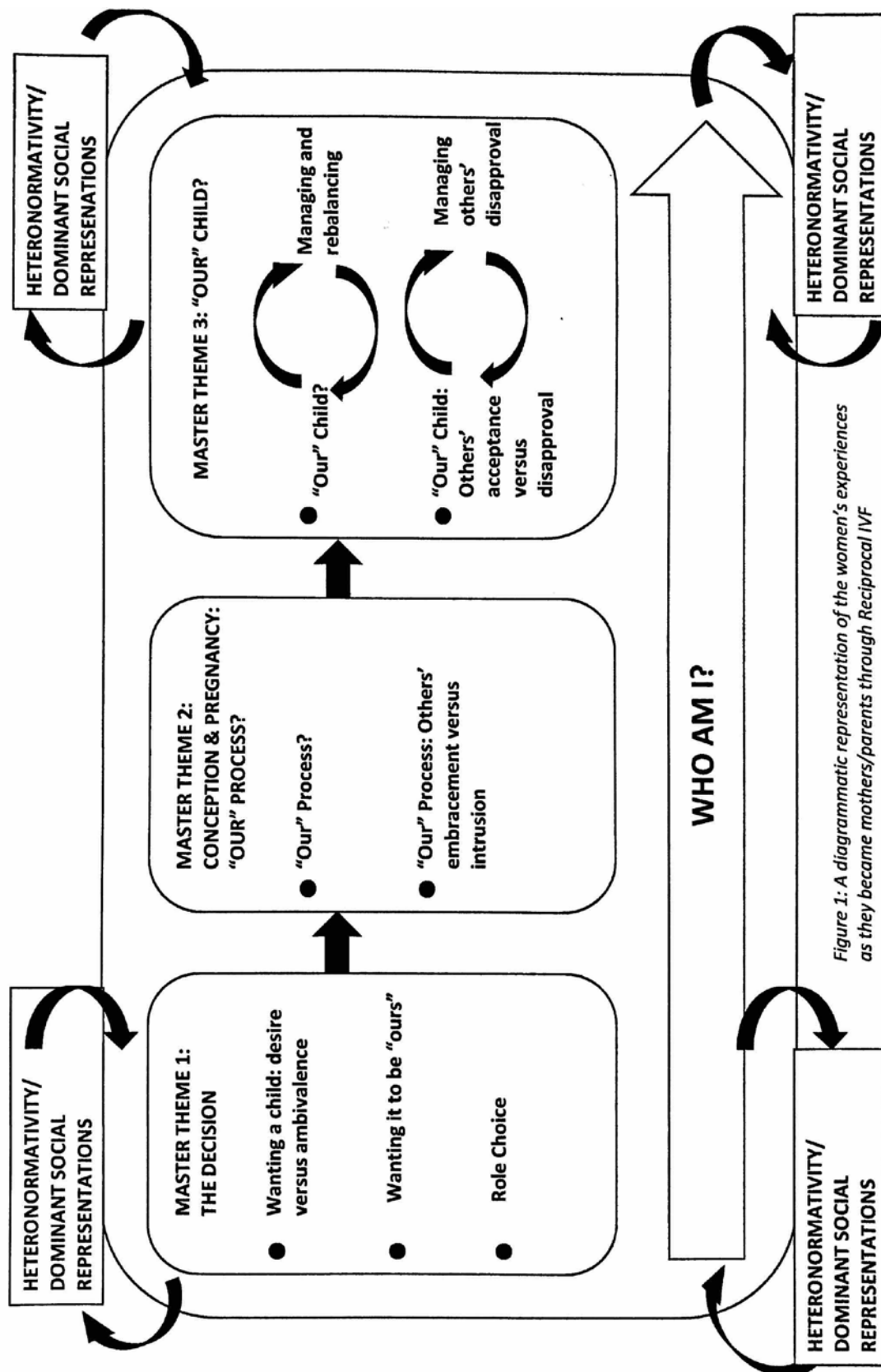


Figure 1: A diagrammatic representation of the women's experiences as they became mothers/parents through Reciprocal IVF

4.2 OVERVIEW OF ANALYSIS

Figure 1 is a diagrammatic representation of this study's findings and there is a summary of the master themes, superordinate themes and emergent themes in Appendix L.

For many of the women, it seemed that having a child was a life aspiration and that they had envisioned having a family since they were young. Others described children as having been less of a priority for them, and feeling more ambivalent about parenthood; it seemed that their interest in having a child emerged later in their lives, in the context of their relationships, and that for some of them, it was heavily influenced by their partner's strong desire for a family. Despite these differences, all of the women described hoping for a child that was 'theirs', meaning theirs and their partner's together, and this appeared to be hugely important and underpinned many of their subsequent experiences. The women's desires for specific roles in the conception process also seemed significant, and those that had wanted or been interested in carrying the pregnancy described a sense of loss and sadness at not ultimately doing so; for some of the them this appeared to persist and be a source of distress throughout the pregnancy and beyond.

The process of becoming a mother, or a parent, seemed to have been challenging for all of the women and their involvement and input during the conception, pregnancy and after the birth appeared to have had a significant impact on how they felt about and experienced these. For all of the women, having a physical role in creating their child appeared to enhance their sense of involvement and contribute, to a degree, to their sense that the conception and pregnancy were 'their' process and that, following the birth, the baby was 'theirs'. Notably however, their physical role in creating the baby did not seem to have been, by itself, enough for the women to feel that the process of conception and pregnancy, and baby, were fully 'theirs': the women's additional involvement in caring for the baby during the pregnancy, and perhaps more significantly after the birth, also appeared to have been important for them in

feeling they were expecting and had had a child *together*, and feeling secure in their early mother and parenthood. Crucially, the women that had experienced a strong sense of the baby being 'theirs' following the birth appeared to have felt a deep happiness and sense of contentment about this, whereas those that had felt left out and less like the baby was 'theirs' described having felt a profound sense of isolation and a deep sadness. These women described having employed a variety of strategies to help them to feel better and restore a sense of balance and togetherness with their partners. Several of these appeared to help relieve the women's distress, promote their senses of connection to both their partner and child and engender feelings of happiness and joy.

Throughout their transitions to mother and parenthood, the women described having been significantly impacted by others' attitudes and behaviours. Where they felt supported and recognised by those around them, this appeared to fuel feelings of happiness and enhance their senses of confidence and legitimacy in their family, parenthood and motherhood. However, where they felt others disapproved and discriminated against them, the women described experiencing a deep hurt and profound sense of injustice, and for some it appeared to undermine their sense of who they were. The women described managing these threats with a series of strategies, some of which were designed to encourage others to recognise and accept them and appeared to empower the women.

The women also described how their senses of who they were evolved throughout the conception, pregnancy and following the birth, and these appear to have been heavily shaped by the contexts and cultures within which they existed. Dominant heteronormative understandings of what it means to be a family, a parent, a mother and a father appeared to influence how they, and those around them, interpreted their involvement in the various stages, and shaped how they understood and made sense of themselves. Where their senses of who they were at the various stages of their journeys aligned with who they had wanted and hoped to be, the women appeared to experience a deep sense of contentment and

happiness. However, where their senses of who they were was at odds with their desires, they described having struggled and experienced a profound sadness.

4.3. STRENGTHS, LIMITATIONS AND TRANSFERABILITY

In order to consider the transferability of this research, it is important to reflect on methodological, procedure and personal and epistemological challenges. This section will end with a clear statement of transferability.

4.3.1. Methodological reflexivity

Qualitative research has been denounced for lacking scientific rigour (Silverman, 2013) and critiques tend to cite its lack of reproducibility, generalisability and objectivity as evidence of this (Evans, 2017; Krahn & Putnam, 2003); as Mays and Pope (1995) noted, academics have dismissed it for being “merely an assembly of anecdotes and personal impressions that are strongly subject to researcher bias” (p.109). In response, supporters have highlighted its ability to generate rich, detailed data, its recognition of voices that quantitative research ignores and how it allows for alternative and different perspectives, and considers them equally valid (Gill, Stewart, Treasure & Chadwick, 2008; Maton, Seidman & Aber, 2011). Furthermore, it has been argued that objectivity is a myth in all research and that any efforts to be fully impartial will fail (Flick, 2009), and that it is therefore better for the researcher to be honest and upfront about their own subjectivities and to allow readers to draw their own conclusions about any interpretations made (Austin & Sutton, 2014). Several scholars have also proposed frameworks and guidelines to ensure and assess the quality of qualitative research (Henwood & Pidgeon, 1992; Howitt, 2010), and, Yardley’s (2000) four principles were adhered to in this study, as discussed in the Methodology.

Notably however, whilst Yardley's four principles were adhered to, to ensure that the account produced is a credible one, it is not claimed to be the only credible one (Smith et al., 2009). It is recognised that there are multiple possible interpretations of the same text and that another researcher may have come to alternative conclusions. Furthermore, it is also recognised that another researcher may have generated alternative data from the interviews, that if the women had been interviewed at a different time their meanings and understandings may have been different and that if different women who met the participant criteria had been interviewed alternative experiences and understandings may have been revealed. Consequently, this study only claims to report on the experiences and understandings of the seven women interviewed, but further contends that the findings are important, novel and potentially very relevant to others who share salient characteristics with the participants.

With regards to IPA more specifically, the rationale for its use in this study is outlined in the Methodology. However, some scholars have raised concerns about the approach. For example, Willig (2007; 2013) has criticised IPA for its conceptualisation of language and "for not engaging sufficiently" (Willig, 2013, p.94) with the constitutive role that language plays. Consequently, careful attention has been paid to the role that language and discourse played in shaping the women's experiences. In addition, Willig (2013) has questioned the suitability of participant accounts and suggested that where participants are not able to articulate their experiences in the sophisticated manner required by the method, it should not be used. All of the women in this study were self-selecting, which meant they were motivated to talk. Furthermore, they were all professionals who had, as a minimum, undergraduate degrees, though most also had postgraduate ones. They were articulate and able to convey their thoughts, feelings and perceptions in words, including Kyo for whom English was not her first language, and I believe this is reflected in the Analysis. On the odd occasion when participants struggled to convey their meanings, I heeded Smith et al.'s (2009) advice; I remained curious and used prompt questions, and in doing so I believe I secured more detailed accounts and in-depth understandings.

4.3.2. Procedural reflexivity

Recruitment was challenging on account of participants being hard to reach, as discussed in the Methodology. Nevertheless, seven participants took part, which, despite their hesitancy to be too prescriptive about sample size, is in line with Smith et al.'s (2009) recommendation for a PhD study and allowed for the development of meaningful points without generating an overwhelming amount of data. All participants self-selected, removing concerns about researcher bias. Furthermore, no financial incentive was offered for their participation and all appeared highly motivated to share their experiences.

The sample was fairly homogenous, with many of the women being British, white, middle-class and well educated. This uniformity supported the examination of psychological variability within the group and patterns of convergence and divergence that arose (Smith et al., 2009). However, the women did vary in terms of their age and how many children they had: some had singletons whilst others had twins, and some went on to have further children after their first success with Reciprocal IVF. The women also differed in how long they had been mothers, and Kyo also had a different cultural background. Whilst these differences ran the risk of complicating the analysis, they were unavoidable given the rarity of the topic and the complexities of recruitment. Furthermore, efforts were made to minimise any significant differences that might have been caused by variations in how long the women had been mothers: maternal identity research (Mercer, 2006) has suggested that whilst women experience significant changes during the first few months of motherhood, the initial transition tends to have been made after approximately four months, and this informed the decision to make having been a mother for at least a year part of the eligibility criteria for this study.

Notably, the relatively small size and homogenous nature of the sample means that transferability of the findings may be limited to other women who share key features of the participants; research on intersectionality suggests LGBTQ+ women can experience

phenomena very differently depending on how their privilege and oppression, which are shaped by characteristics that include their race, socioeconomic class and nationality, interact (Crisp, 2014). Related to this, scholars have noted and criticised the tendency for research on the lived experiences of LGBTQ+ families to focus on white, middle-class, planned ones that live in Western countries (Clarke et al., 2010; Ferguson, 2005) and given the characteristics of the sample, this criticism could arguably be levelled at this study. However, given the expensive nature of Reciprocal IVF, the participants being middle-class was perhaps unavoidable.

With regards to the process of data collection, I was acutely aware of the power dynamics, and how my power as a researcher may be experienced by the participants, particularly in the context of their sexual minority identities and previous experiences of power and oppression. I was keen to give the participants the space to feel heard and ensure this was an empowering experience. However, as a result I think that in the first few interviews I afforded the participants too much space at times to talk about certain aspects of their experiences, and did not keep them as focused on the interview schedule as I might have. As a consequence, the initial couple of interviews ran long; my first interview was two and a half hours. This meant I had a significant amount of data to analyse, and given my commitment to being rigorous and thorough (Yardley, 2000) the analysis became incredibly time-consuming and occasionally stressful. With support and advice from my supervisor, I believe I became better at managing the balance between giving participants space to talk and remaining focussed on the interview schedule as the interviews progressed, though it is something that I continued to struggle with throughout. However, whilst this resulted in a considerable amount of data to analyse, I believe my attempts to empower and hear the women were well received and meant we were able to develop trusting relationships in which they felt able to be open and share, and that this supported the acquisition of rich data. Notably, whilst I believe that my being a Trainee Counselling Psychologist and practitioner-researcher facilitated the process of data collection through increasing my awareness of the issues discussed here and skills for

managing them, it also posed a challenge and I had to be careful not to fall into ‘therapist mode’.

As a final procedural point, all the participants were asked to use their retrospective memories during the course of the interviews. Whilst scholars have suggested such retrospective reports are problematic in light of numerous sources of bias that threaten their validity (Schwarz & Sudman, 1994), insofar as in all phenomenological research, including IPA, “the important reality is what people perceive it to be” (Kvale, 1996, p.52, as cited in Willig, 2013, p.95), this did not appear problematic.

4.3.3. Personal and epistemological reflexivity

My personal experiences and involvement in the research had the potential to impact it in numerous ways. As a mother who conceived through IVF, I was to an extent an ‘insider’, or the same as the participants. Whilst this was arguably beneficial insofar as I was familiar with some of the terminology, processes and procedures involved, and arguably had an increased understanding and empathy for some of the difficulties involved with conceiving in this way, research has suggested that sameness between the researcher and participant may present some difficulties (Dwyer & Buckle, 2009). Hurd and McIntyre (1996), refer to the “seduction of sameness” (p.78) and suggest that it “distances the participants (researcher and researched) from a critical reflexive process” (p.78), and can result in “the misrepresentation of participants’ stories” (p.78). Consequently, I sought to remain mindful throughout the data collection and analysis of the pitfalls of my insider status, with the aim of avoiding them. Steps I took included keeping a reflective diary throughout the process, ensuring I probed further when necessary and basing my interpretations in the text. Furthermore, to avoid the participants assuming that I knew what they meant, I decided not to offer information about my own motherhood before the interview, though it was somewhat implicit in the topic of study. However, where participants expressed a desire to know, I did share this with them, as I did

not want to appear secretive and damage the researcher-participant relationship; this seemed particularly important as I was working with a minority population who might, understandably, be suspicious of my motives.

In other ways, I was an 'outsider' and different to the participants: I am both the biological and birth mother of my children, am in a heterosexual relationship and assumed the role of researcher, and each of these had the potential to influence the study. With regards to my researcher role, Moradi et al. (2009) noted that "research on sexual minority issues often has perpetuated stereotypes, reflected prevailing heterosexist biases and assumed that personal characteristics of research participants reflect causal connections to sexual orientation" (p.15) and that this might cause participants to mistrust researcher intentions and decide not to take part, or influence how open and honest they are. Consequently, everything from the wording of the flyer, to what I said and how I said it in the interview, was designed to convey the study's value, my commitment to the research, and the importance of their voice and their story to me and others, in the hope that this would help them to feel comfortable and safe and give rich and detailed accounts. The successful recruitment of seven women (others also expressed interested but did not meet all the criteria), all of whom appeared to speak openly, honestly and at length about their experiences and reflected in their de-briefs that it had been a positive experience in which they felt heard and listened to, suggested I had earned their trust. Furthermore, it was notable that several of that participants further explained that they had felt it had been very important to be really honest *because* of this being a research study and *because* their words would hopefully reach and benefit others.

In addition, having a different sexual identity to participants has also been suggested to limit a researcher's ability to build rapport with and fully understand participants. For example, O'Neill (2011) noted, "the heterosexual orientation of a researcher within the field of queer theory could potentially hinder examining queer topics" (p.25) and La Sala (2003) claimed that their special insider perspective "can greatly enhance the ability of lesbian and gay

researchers to perform meaningful research with lesbian and gay respondents” (p.27). However, others have found that not sharing a sexual identity can be beneficial as it means that a researcher is less likely to assume understanding and be more likely to take a not-knowing stance (Galgut, 2005). Drawing on Liddle’s (1996) study, which suggested that therapist practices rather than demographics were what determined their helpfulness in their work with their gay and lesbian clients, I committed to expanding my awareness of issues facing LGBTQ+ women through reading widely. In addition, during the interviews I sought to be attentive to what the women said and questioned and clarified their meanings. Despite my preparations and belief in my ability to do the research, I worried that participants might view me as an imposter, entering LGBTQ+ space for my own academic gain, however none of the women appeared to have, nor shared any concerns with me regarding this.

Despite reflecting on and taking steps to minimise the pitfalls of my sameness and difference with the participants, my concerns about projecting my own understandings, or having not fully understood and missed something, meant that at times during the analysing process I struggled to make decisions. I wanted to do justice to and honour the stories that the women had entrusted me with, and in addition had an intense desire to not be inadvertently complicit in reinforcing heteronormativity, which I think was enhanced by my increasing awareness of my own unearned heterosexual privilege. These struggles were perhaps also a hangover of my undergraduate and masters courses, which advanced quantitative approaches and the notions of their being a ‘truth’ and ‘right answer’ to find.

As I prepared to interview the participants, my reading of relevant literature appeared to highlight the importance of recognising and validating their motherhood; as discussed in the Introduction, heteronormative assumptions can marginalise or render non-birth LGBTQ+ mothers invisible, sometimes at considerable psychological cost. Consequently, I took care to do this. However, in my second interview my own heteronormative assumptions were exposed when it became evident that not all of the participants wanted to be mothers, or felt

that this is what they had become. Fortunately, the participant I was interviewing appeared comfortable discussing and sharing this with me, and my assumption does not appear to have had a significant, negative impact on the research. I consequently modified my approach and checked in with participants about who and what they had wanted to be, and who and what they ultimately felt they were throughout the process of having a child.

Subsequently, during the course of writing this research study up I have struggled with the lack of clear language to describe those whose experiences it seeks to better understand. I have experienced a real tension when using the terms 'mother' and 'woman', aware that they may not reflect the lived experiences of those who conceive and 'do' family in this way. However, given that, for similar reasons other terms are equally problematic, for example, the decision to use the term 'parent' instead of mother has been criticised for stripping those who identify as women of their gender (Muzio, 1993; Brown & Perlesz, 2008), and because these terms best reflected the experiences of the majority of the participants, I have continued to do so; please see 'A note on language' for further discussion on the language used and my reasons for this.

During the process of this research, I have also, at times, personally struggled with some of the phenomena I have been studying. Dominant discourses of motherhood and the image of the 'good mother' have shaped my experiences and meant that as I have struggled to juggle my commitments to my children with those of my training, I have often felt like a 'bad mother' and that I have failed my children. These personal experiences, together with hearing first-hand about some of the negative impacts of heteronormativity on the women in this study, and reading more widely, has had a very real impact on me: it has strengthened my passion for feminism, queerism and social justice and emboldened me to do more about the injustices and prejudices I see; whilst this is mostly in my day-to-day interactions currently, I am excited for how these might shape my future.

4.3.4. Conclusion

Whilst this study has its limitations and only claims to report on the experiences and understandings of the seven participants interviewed, its novel themes and important insights are considered to have significant implications and be relevant and transferable to others who share salient characteristics with the participants.

4.4. SIGNIFICANT FINDINGS AND CONTRIBUTIONS

In this section, the study's findings will be located within existing literature and theory, before the ways in which they contribute to the field of Counselling Psychology are discussed.

4.4.1. Theory and literature

Firstly, I will discuss how the findings relate to the only existing study that considers the experiences of LGBTQ+ women who conceive through Reciprocal IVF, in addition to other literature on the experiences of LGBTQ+ mothers who conceive and create their families through other means. I will then explore how, through applying a queer lens, it is possible to understand the women's decisions and experiences as having been impacted and shaped by heteronormativity, and the ways in which they accommodated and transgressed it. Finally, I will explore how Breakwell's (1986) Identity Process Theory (IPT) provides a useful framework for understanding how social representations of motherhood influenced and threatened the development of the women's maternal and parental identities.

4.4.1.1. Literature on LGBTQ+ motherhood

In the Introduction, it was revealed that in LGBTQ+ couples who conceive their families through

Artificial Insemination, non-biological/birth mothers can struggle with the inequality they experience. They have reported feeling left out, resentful and jealous of the birth mother and described struggling to attach to the baby and feel secure in their mother and parenthood, both during the pregnancy and following the birth (Dunne, 2000; Muzio, 1993; Paldron, 2014; Wojnar & Katzenmeyer, 2014). In the context of these experiences, Pelka's (2009) study was significant as she found that in all of the lesbian couples who conceived through Reciprocal IVF in her study, "both genetic and birth mothers felt secure in their early maternity" (p.211) and that for the genetic mothers, "their genetic tie to their child helped psychologically legitimate their role in their child's life and reassure them of the maternal bond" (p.211). Furthermore, Pelka (2009) found both being involved in the conception helped establish "an equitable sense of parenthood" (p.210) for both partners.

This study appears to support Pelka's (2009) claim that having a genetic link to the child can support the development of the genetic mother's attachment to the child and sense of legitimacy in their parenthood, and help them to avoid feeling left out or jealous, both during pregnancy and beyond. In addition, the women's experiences seemed consistent with Pelka's assertion that both partners being physically involved in creating their child helped them to enjoy a sense of equality. However, this study appears to add to her work with its finding that whilst a genetic tie was important, it alone was not sufficient for the genetic mother to feel like an equal parent and avoid feeling like an outsider following the birth. The women's reflections suggest that *both* a genetic tie *and* having the opportunity to care for and assume responsibility for the baby following the birth were necessary for them to feel secure in their parental identities and experience a sense of equality with their partner; in short, to feel that the baby was 'theirs' (3.4.2).

The finding that both a genetic link and being involved in the caregiving are important is consistent with Wojnar and Katzenmeyer's (2014) study on the experiences of non-biological mothers in lesbian couples who conceive through Artificial Insemination, which found that

whilst a caregiving role was important, it alone as not sufficient for the women feel like an equal parent. The non-biological mothers in their study described how whilst they felt their decision to take time off to be the primary caregiver to the baby following the birth and to spend time with the infant alone gave them the best opportunity to form emotional bonds with them, they nevertheless still experienced a “pervasive feeling” (p.58) that the biological mother had a bond with the child that they could never attain.

The women's reflections that having the opportunity to care for their baby was important for them to feel they were becoming parents together with their partners also links to the work of maternal identity theorists. Mercer (2006), Rogan et al. (1997) and Lacey et al. (2015) all suggest that it is through engaging in and assuming responsibility for caregiving that women will learn about and ‘work out’ how to look after and comfort their infants, become more confident in their abilities to do so, and develop their maternal identities. In line with their theories, the women in this study who described feeling that they got to care for their children and engage in the tasks of mothering following the birth seemed more secure in their early mother and parenthood, whilst the women who described not having many opportunities to care for and give to their babies appeared to feel less secure in their parental identities.

An important aspect of caring for a baby is feeding them. Existing literature suggests that in LGBTQ+ families created through Artificial Insemination, where the non-biological mother is able to bottle-feed there is a noticeable lack of jealousy and the partners enjoy a more equal sense of motherhood (Paldron, 2014; Pelka, 2009), and the importance of being involved in feeding was further demonstrated by the women in this study. The women's comments suggested that where they were able to feed their babies, they experienced a sense of equality with their partners and developed their sense of themselves as a mother and parent, but that where they were not, they felt left out (3.4.2).

With a more specific focus on their experiences of the pregnancy, the women's comments

suggested that having a genetic tie to the unborn child contributed, to a degree, to all of them feeling a sense of involvement and that they were becoming parents. However, whilst some described feeling a good attachment to the baby and very much part of the pregnancy, others described feeling more like bystanders and more detached than their partners (3.3.2). Theories on the developmental tasks of pregnancy offer a framework for better understanding the women's experiences of pregnancy. Rubin (1984) and Mercer (2004) suggested that during pregnancy women make efforts to protect the foetus and ensure its safe arrival through seeking out healthcare and expert advice, whilst White (2004) proposed that women will daydream about the baby and what type of mother they want to be, learn about parenting skills and prepare their home through nesting. They all contended that, as women engage in these tasks, they develop their attachment to the unborn baby and their sense of themselves as a mother, and the women's experiences seem consistent with these theories; those who engaged in the tasks appeared to feel more attached and experience a stronger sense of themselves as becoming mothers and parents than those who did not (3.3.2 & 3.3.4).

In addition, some of the women's reflections that they felt more detached and less involved during the pregnancy because they were not carrying the baby seem to resonate with the work of Lerum & LoBiondo-Wood (1989) and Bloom (1995), which revealed that quickening promoted the attachment between the (birth) mother and child, and also that of Sandelowski (1994), who argued that in heterosexual relationships the woman has a privileged relation to the baby because she carries it, and that not doing so can make it harder for the man to accept and be excited about the impending arrival.

As a final point, In Pelka's (2009) study, all of the lesbian couples who conceived via Reciprocal IVF included one partner with no desires to carry a pregnancy. However, as the women's comments in 3.2.4. 'Role Choice' show, this was not the case in this study. This research therefore further adds to existing literature through demonstrating how, where the women had an interest in carrying the pregnancy, they appeared to experience some complex

emotions, including loss and sadness when they ultimately did not do so.

4.4.1.2. *Queer theory*

By applying a queer lens to this study, it is possible to see how deeply embedded heteronormativity is within society and people's belief systems, including the women's in this study, and to better understand the significant impact it appears to have had on the women's decisions, experiences and how they made sense of them.

For example, many of the women described choosing to conceive through Reciprocal IVF over other methods because it best allowed them to feel they were having a baby *together* compared to other methods (3.2.3). In addition, it seemed that for all of the women, both them and their partner having a physical role in creating their child contributed to their sense that it was 'theirs', and that they had become a family (3.4.2 & 3.4.2.1). Queer theory helps us to see how these decisions and experiences might have been shaped by heteronormativity, through conceptualising it as an ideology that promotes the 'right way' to do family as involving two parents physically creating a child together. Consequently, the women's decisions to conceive through Reciprocal IVF could be understood as aligning with dominant discourses on family and conforming with and reproducing heteronormativity (Melville, 2016; Oswald et al. 2005).

As outlined in the Introduction, scholars have suggested that adopting heterosexual norms can make life easier and minimise the risks associated with 'doing family' too queerly, including rejection, hostility, threats and even violence, from self and others (Melville, 2016; Oswald et al., 2005) and this seems consistent with the women's accounts. To explain, insofar as they 'reproduced' heteronormativity by physically creating a child together, this appeared to help the women to see themselves and their partners as having become a family and parents together, and, it also seemed to help others recognise them as such too (3.3.3 & 3.4.2).

Whilst both the women and their partners being physically involved in making their baby can be seen as having accommodated heteronormativity, insofar as they were two women having a child together, rather than a man and a woman, they can be understood to have challenged the mother-father binary and 'resisted' or 'transgressed' heteronormativity (Folgerø, 2008; Oswald et al., 2005). As noted, Oswald et al. (2005) have suggested that those who dare to queer their families and challenge dominant discourses risk hostility and rejection from others and, in a similar vein, Hudak and Giammattei (2010) have argued that they are subject to "micro-aggressions" which they define as "brief, commonplace, verbal, behavioural and environmental indignities" that include "invisibility, silence, intrusive questioning , and the limitations of language to describe the relationship and familial bond" (p.54), and these seem prevalent in the women's accounts (3.3.3 & 3.4.3). Whilst a few of the women described not having felt significantly impacted by these experiences, for others they appeared to have been incredibly distressing and undermined their senses of themselves as being legitimate mothers, parents and families. These experiences echo those of the non-biological/birth mother in LGBTQ+ couples who conceive using Artificial Insemination (Brown & Perlesz, 2007; Hayman & Wilkes, 2017; Muzio, 1993) and it seemed that, for the women in this study, aligning with heteronormative discourses in some respects did not protect them from the consequences of transgressing it in others. This appeared to surprise some of the women who described feeling an additional injustice at not being recognised as a mutual mother after having conceived in the 'right' way (3.4.3).

Conversely, insofar as they did transgress heteronormativity, this does not appear to have meant that they necessarily encountered hostility and micro-aggressions, and many of the women described times when they felt others supported and accepted them as a family headed by two women. This suggests that despite its apparent power, some friends, family and professionals were able to resist heteronormativity and access and advance alternative family discourses. Thus, whilst the women's experiences seem consistent, to a considerable

degree, with literature presented in the Introduction that suggests LGBTQ+ women experience heterosexism and homophobia within society, healthcare and their own families (Goldberg, Ryan & Sawchyn, 2009; Hequembourg & Farrell, 1999; Ryan-Flood, 2009), they also add to them through demonstrating that this is not always the case. Whilst such experiences are encouraging and suggest that there has been some movement and change in the last quarter of a century since Warner (1991) observed “the pervasive and often invisible heteronormativity of modern societies” (p.3), the women’s experiences as a whole seem to nevertheless indicate that heteronormativity continues to be an authoritative force in Western society. Thus, it appears that macro-level changes that have secured legal rights for LGBTQ+ individuals and their families, and outlawed discrimination on the basis of sexual orientation, are not fully translating to their micro-level lived experiences. Drawing on Ludwig (2011), we can understand this discrepancy as being due to “heteronormative hegemony’s strong connection to civil society” (p.59), which she argued means that “heteronormativity will not disappear through legal changes but rather through intervening in hegemonic world views” (p.59). She contended that in order to effectively challenge heteronormativity and queer heteronormative world-views we need to address everyday practices on a micro level: “transformations take place on the level of social micro-structures, through counter-knowledge, counter practices and strategies of equivocation (Engel, 2002)” (Ludwig, 2011, p.59).

Queer theory further enables us to recognise the women’s tendencies to make sense of who they were using the terms ‘mother’ and ‘father’ as being reflective of the power of dominant heteronormative discourses on family (3.3.4 & 3.4.2.1). Some of the women’s rejection of these terms appear to represent further challenges to these discourses and the mother-father binary, whilst Kyo’s struggles to find an alternative term seems to reflect the lack of language available to describe non-normative familial relations, which has been recognised in other studies (Brown & Perlesz, 2007; Padavic & Butterfield, 2011). Furthermore, through proposing that in heteronormative society gender and family (and sexuality) ideologies are fused together (Oswald et al., 2005) so that womanhood is often equated with motherhood

(Frith, 2014), queer theory can help us to understand why so many of the women appeared to aspire to and prefer to identify as a mother, rather than its binary alternative, father, and their distress when they did not feel like a mother. Interestingly, it also allows us to understand Kyo's lack of distress about not feeling like a mother, or even a father, as being related to her sense that she was neither binary female nor binary male.

To conclude this section, Oswald et al. (2009) noted that family scholars have only recently begun to view queer theory as being legitimate and useful. As a result, there is only a relatively small body of literature that applies it, to which this study seeks to add. Through applying a queer lens to the experiences of the genetic mothers and parents in LGBTQ+ couples who conceive through Reciprocal IVF, this study illustrates how these women simultaneously transgress and adopt heteronormativity and how this can be understood to shape their experiences.

4.4.1.3. Identity process theory (IPT)

The women's changing senses of who they were, and struggles with these, clearly locates this work within the field of identity. In the Introduction, Breakwell's (1986; 2010; 2014) theory on identity processes and managing threats to them was outlined, and this section revisits the women's experiences with her work in mind.

Breakwell (2014) suggested that social representations shape how individuals interpret their experiences and construct and maintain their identities in two ways: through shaping their personal representations and through affecting others' attitudes and behaviour towards them, and both of these seem evident in the women's accounts. Where the women's personal representations and others' behaviour towards them appeared to have been more heavily influenced by dominant heteronormative representations of what it means to be a mother, it seemed that, to the extent that they were at odds with their lived experiences, they undermined

the women's senses of self-esteem, self-efficacy, continuity, positive distinctiveness (Breakwell, 1986), belonging (Vignoles, Chryssochoou & Breakwell, 2000) and psychological coherence (Jaspal & Cinnirella, 2010), and threatened the women's assimilation and positive evaluation of their motherhood. Conversely, where the women's personal representations and others' attitudes and behaviour seemed to have been less influenced by dominant heteronormative representations of motherhood and more by alternative representations of what it means to be a mother that better aligned with their experiences, these appeared to enhance the women's identity principles and promote their integration of motherhood into their identities.

Interestingly, through applying Amiot, de la Sablonnière, Terry and Smith's (2007) theory on the stages of integration, our understanding of how some of the women's senses of continuity were threatened before they had fully integrated motherhood into their identities, is enhanced. Amiot et al., (2007) recognise that integration can start very early, even "as soon as some foresee a change" (p.372), and that from this point in time an individual's sense of continuity with regards to this new content can be threatened. Insofar as some of the women appeared to have foreseen themselves becoming mothers prior deciding to conceive through Reciprocal IVF, and in the roles that they ultimately assumed, we can understand them as having started to integrate motherhood into their identities and been in the "anticipatory categorisation stage" (p.365) early on. Their ultimate decisions that they would not carry the pregnancy, which some of them saw as a defining characteristic of motherhood, can therefore be understood as having threatened their senses of continuity and explain why they appeared to experience a sense of distress, loss and sacrifice when making them (3.2.4).

Breakwell (1986, 2014) further asserted that individuals will manage threats to their identities by employing intra-psychic, interpersonal and intergroup coping strategies, and these seem evident in the women's accounts. Where the threat emanated from a discrepancy between their personal representations of what a mother was and their lived experiences, some of the

women described reinterpreting their understandings so that the two better aligned (3.3.4 & 3.4.2.2). This appears to support Breakwell's claim that "what often happens is that the social representation is subtly modified for personal use – for instance an element is omitted or changed in emphasis" (p.127). Whilst this appeared successful for all of those who employed this strategy to a degree, Jo's statement that at the time of the interview she continued to see her partner as being more of their son's mother because she gave birth to him seemed to highlight how challenging it can be for individuals to let go of old personal representations, particularly when they have been held for a long time and are continually reinforced by society and those around them; this seems to echo Choi et al.'s (2005) study, which revealed the significant and ongoing impact the image of the 'good mum' can have on heterosexual women's experiences of motherhood. An alternative intra-psychic coping strategy used by the women to manage threats arising from a clash between their lived experiences and personal representations of what it means to be a mother appeared to have been to identify as something other than a mother. Whilst for some of the women this seemed to be an effective and helpful coping strategy, for others it was not without its tensions and difficulties, and both of these outcomes can be understood in terms of the impact the strategy had on the women's various identity principles.

With regards to managing the threats from other's attitudes and behaviours, several of the women described trying to educate others about their families in order to help them to better understand and recognise that some families have two mums and no dads, and that such families are healthy and not deviant (3.4.3.1). The women's comments suggested that whilst they were doing this for the benefit of themselves, they were also doing it for the benefit of other LGBTQ+ families that others may come into contact with in the future, and in this sense they appeared to be doing it for 'the good of the group' that they appeared to feel part of. In this respect, this coping strategy seems to link with what Breakwell (1986) termed "group action" (p.136), which she suggested can "seek a change in the value attributed to the qualities deemed characteristic of the people represented" (p.138) in order to make the group "appear

more positive, acceptable and worthy” (138) and “seek to change the characteristics associated with the social category” (p.139). Notably, some of the women’s motivation in educating others, to be accepted as “normal”, suggested they did not want to be seen as distinctive from other families, and whilst this contrasts with Breakwell’s claim that individuals are motivated to seek this, it lends support to Jaspal and Cinnirella’s (2010) suggestion that when distinctiveness comes with a predominantly negative evaluation, it can threaten self-esteem and identity. Furthermore, Jo described how the process educating others involved repeatedly coming out, and this lends support to Clarke et al.’s (2010) contention that the coming out is an ongoing process, rather than a singular event, as it is often presented in the literature.

4.4.2. Relevance to counselling psychology and implications for practice

This study sheds light on the experiences of LGBTQ+ women who become mothers and parents by sharing their eggs with their partners through Reciprocal IVF. Consequently, it can be used as a resource for health care professionals, including Counselling Psychologists, who work with clients who have, are currently or are planning to conceive in this way. This seems particularly important given that the lack of existing research on this topic, combined with the findings of this study, suggests that some of the nuances and challenges experience by women who conceive in this way are not currently being recognised nor adequately addressed by practitioners.

All of the participants who took part expressed that they had enjoyed speaking about their experiences, as they had rarely had the opportunity to do so. Several also shared that it had been an interesting process and suggested that they had gained new understandings and perspectives as they spoke about their experiences. Together, these comments reveal how valuable talking through their experiences can be for these women and highlight the importance of inviting them to discuss these.

The diversity in the women's experiences highlighted the importance of assuming a curious and 'not-knowing' stance in therapy. Related to this, through illustrating how powerful and problematic social representations of motherhood and heteronormativity can be, it suggests how important it is for therapists to be aware of these and to reflect on their own understandings and heteronormative biases, so as not to impose them on clients.

Several of the women described not expecting or anticipating some of the challenges they faced, most notably their sense of being left out and that the child was not fully 'theirs', both during the pregnancy, but most significantly afterwards; these seemed to be in direct contrast to their hopes for a child between them and expectation that conceiving through Reciprocal IVF would support this. Sarah further expressed her regret that the counsellor they had seen when conceiving had not "flagged up" any of the difficulties that they might face and concluded that this would have been helpful. Consequently, it seems important when working with women who conceive in this way that they are encouraged to reflect on their understandings of motherhood and parenthood, to consider their expectations and hopes for the pregnancy and after the birth and to reflect on what might interfere with them and stop them from being realised. With so much attention in fertility clinics, hospital appointments and antenatal classes being given to the processes of conception, pregnancy and birth, and very little being paid to what comes after, it seems vital, particularly in light of this study, that therapists encourage the women to think about what happens after the birth in greater depth. It may also be appropriate for therapists to share some of the challenges that the women in this study experienced for clients to reflect on, especially if they struggle to envision potential threats. Drawing on Breakwell's (1986) work, therapists may also invite and encourage clients to consider how they might manage potential or existent (depending on what stage of the process they are at) threats or difficulties in terms of intra-psychic, interpersonal, and intergroup strategies. They may also, depending on the client, consider introducing the concepts of discourse, social representations and heteronormativity, though perhaps in a more accessible

way, to help the clients understand the processes that may be affecting them, as this may help alleviate distress and help them to better manage the impact they have on them. Through educating clients in these ways, therapists could answer, on a micro-level, Miller's 1969 call to 'give psychology away', and help people to have a better view of who they are, who they could be and what choices they have and "to have more control over their own behaviour and hence their own lives" (Banyard & Hulme, 2015, p.99).

In addition, through illustrating the ways in which social representations of motherhood and heteronormativity may have impacted on the women's experiences, this study may also inform how practitioners work with women of all sexualities as they conceive and become mothers through other methods. Furthermore, through highlighting the power and prevalence of heteronormativity and hopefully increasing practitioners' awareness of this, this study may further impact on their work with all clients, though especially their work with individuals who identify as LGBTQ+, as they face a variety of life challenges and transitions.

Beyond the therapy room, Counselling Psychologists are recognised as having a responsibility to advocate for social justice (Fassinger & Morrow, 2013), though as Palmer and Parish (2008) noted, this has been variably taken up by members of the profession. Whilst there does not appear to be a complete definition of what social justice is within the field, Cutts (2013) has observed that "conceptions of social justice generally focus on equity or equality for individuals in society in terms of access to a number of different resources and opportunities, the right to self-determination or autonomy and participation in decision-making, freedom from oppression, and a balancing of power across society" (p.8), and this study has implications for how Counselling Psychologists might promote this. For example, the women's experiences of healthcare professionals, including counsellors, nurses and ante-natal teachers, highlight the need for further training for healthcare professionals with whom individuals may come into contact with during their transition to mother and parenthood, that promotes awareness and acceptance of the different and diverse ways that they do family. This study's findings suggest

that such training should encourage healthcare professionals to reflect on their attitudes and behaviour towards individuals and families who challenge heteronormative ideals and the impact these may have. Furthermore, the women's experiences suggest such training should also seek to educate healthcare professionals on appropriate and supportive ways to respond to such individuals as they become parents, in order to minimise and eliminate the oppression and discrimination this study suggests they continue to experience.

Beyond this, whilst it feels somewhat grandiose to suggest it due to the relatively small scale of this study, there appears to be a very real need to promote further change at a societal level through challenging heteronormative world-views more widely. Drawing on Ludwig (2011), it appears that as a profession, Counselling Psychologists need to be much more proactive in intervening in everyday practices to advance awareness and support for the different ways in which individuals create and do family. Through fighting to queer the narrative and better represent diversity in "schoolbooks, academic curricula, advertisements, street names, 'private' conversations in the workplace and the architectures of bathrooms" (Ludwig, 2011, p.59) in addition to many other places, we might hope to initiate further change.

As a final point, this study has implications for future psychological scholarship and research. In the Introduction, Clarke et al. 's (2010) claim that heteronormativity continues to pervade the field of psychology was considered (see 1.3.1.) and it is hoped that this study's discussion of heteronormativity and the ways in which it appears to have shaped the women's experiences and how they made sense of them, will help others to be more aware of their own heteronormative assumptions and biases and avoid implicating these in their theories and research.

4.5. FUTURE RESEARCH

In light of the significant lack of literature on the experiences of LGBTQ+ women who conceive

through Reciprocal IVF, and the relatively small-scale nature of this study, there is a clear need for further research. Arguably the most obvious next step would be to conduct a similar research study to this that focusses on the experiences of the gestational birth mother. Several of the women in this study described their partners as having felt and made sense of their experiences differently to themselves, and others as having reacted differently to them, particularly during the pregnancy and birth. A study that explores the experiences of the 'gestational/birth mother' would provide a fuller picture and greater understandings of how LGBTQ+ women experience becoming mothers and parents through Reciprocal IVF.

Alternatively, in light of scholarship on intersectionality that demonstrates the need to consider "how categories of social difference intersect with motherhood to create varied meanings, narratives and pressures that ... affect individual sense-making" (Frazier, Jackson & Mangione, 2015, p.137), research that considers the experiences of Reciprocal IVF genetic mothers of different nationalities, races and ethnicities could provide a more comprehensive understanding. In line with this, a similar study that considers how the women's gender identities impact on their experiences becoming Reciprocal IVF genetic mothers would also be beneficial, particularly given the importance of gender ideology to heteronormativity and queer theory, as defined by Oswald et al. (2005); whilst this study attended to gender where mentioned, more focussed consideration of this would be welcome.

A handful of participants also described their concerns about how their children would respond to their decisions to conceive and create their families in this way. Consequently, it seems that there may be scope in the future for research that offers children conceived through Reciprocal IVF a voice and a chance to share their thoughts and experiences.

Finally, in the previous section it was suggested that, drawing on Ludwig (2011), in order to destabilise heteronormativity and queer world-views, we need to intervene in everyday practices that currently reproduce it. However, Ludwig (2011) herself only suggested a

handful of specific interventions and noted that “the outcome of these ... is unpredictable” (p.59). Consequently, further research that considers such interventions, their impact and the most effective ways to challenge heteronormative world-views in various settings would be highly beneficial. As part of this it would be valuable to consider the role of language in everyday practices and the ways in which it supports and advances heteronormativity, as doing so could provide further insights into the best ways to intervene.

4.6. CONCLUSION

In fulfilment of its aim, this study has developed and advanced our understandings of how this unique group of women experience the process of becoming genetic mothers and parents through engaging in Reciprocal IVF with their partners. By inviting them to share their stories, it has unearthed subjugated knowledge and generated findings that have significant implications for others’ personal and professional lives. However, whilst the research is now completed and written up, my work is not finished. Agaoglu (2013) observed that the danger with all doctoral research is that it will just “simply sit on the shelf at the university gathering dust” (p.1), and in such instances, she questioned what good can possibly come from it. My own experiences as a Trainee Counselling Psychologist echo Vossler and Moller’s (2014) observation that most counselling and psychotherapy trainees “main motivation to do the training is to become a practitioner and not a researcher” (p.27) and that consequently, many are ambivalent about research. In addition, I have witnessed how many of my peers are so exhausted at the end of their training and desperate to ‘move on’ with their lives, that they have little motivation to publish or disseminate their findings. Together, these experiences suggest that more often than not, with regards to DPsych research at least, Agaoglu’s fears may be realised. Whilst I heartily empathise with my peers, I also subscribe to Rafalin’s (2010) argument that “in our quest to do ‘good work’, we need to remind ourselves of our professional mission and engage with actions that reflect our talk” (p.51). I passionately believe that this

research matters and, looking to the future, am fully committed to disseminating these findings as widely as possibly through seeking publication in an academic journal and being in touch with organisations such as Stonewall and fertility clinics with regards to producing a summary or information booklet that will benefit those to whom the research is relevant.

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Appendices



ARE YOU A LESBIAN MOTHER?

**DID YOU AND YOUR PARTNER CONCEIVE THROUGH
IVF?**

**DID YOU SHARE YOUR EGG WITH YOUR PARTNER,
WHO CARRIED YOUR PREGNANCY?**

**IF YOUR CHILD IS OVER THE AGE OF ONE AND YOU ARE WILLING
TO SHARE YOUR EXPERIENCES OF BECOMING A MOTHER, I WOULD
BE VERY KEEN TO HEAR FROM YOU!**

My name is Laura Bottomley and I am doing this research project as part of my
doctorate in Counselling Psychology at City University. It is supervised by Dr
Deborah Rafalin, Registered Psychologist and Senior Lecturer



If you are interested in sharing your story, or would like to find out more, please
give me a call on [REDACTED], or email me at [REDACTED]

*This study has been reviewed by, and received ethics clearance
through the [insert committee name here] Research Ethics Committee, City University London [insert ethics approval code here].*

*If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics
Committee on 020 7040 3040 or via email: Anna.Ramberg.1@city.ac.uk*

Appendix B: Participant Information Sheet



Title of study: Becoming a co-mother: A qualitative study exploring the experiences of lesbian, gay, bisexual and queer women as they become 'genetic mothers' through Reciprocal IVF with their partners.

I would like to invite you to take part in this research study. To help you decide whether you would like to be involved, this sheet provides information about the study. Please take time to read the following information carefully and discuss it with others if you wish. I hope you will feel able to ask me about anything that is not clear or if you would like more information.

What is the purpose of the study?

The aim of this study is to investigate how LBGQ+ women who become genetic mothers/parents through IVF with their partners, experience the process of becoming a mother/parent. I want to better understand how these women experienced the transition to mother/parenthood, and any aspects of the process that they felt were significant and their thoughts and feelings in relation to these. I am conducting this research study as part of my Doctorate in Counselling Psychology at City University, London.

What will happen if I take part?

If you choose to take part in this study, you will be interviewed by myself at a time and location that is convenient for both of us. Each interview will be approximately 1½ to 2 hours in length and will be audio-recorded. During the interview, I will ask you about your experience of becoming a mother/parent, and this will include questions about your experience of the conception, the pregnancy and the first year of your child's life as well as challenges and joys you face during each of these stages.

What are the possible disadvantages and risks of taking part?

Some of the questions I ask may touch on sensitive topics and I understand that discussing your experiences may not always be easy. It is possible that some emotional issues may arise as a consequence of our discussions, and I will provide you with a list of organizations and resources that can offer you additional information or support with these.

What are the possible benefits of taking part?

I hope that sharing your story in a safe and supportive environment will be a positive experience for you that allows your voice to be heard and you the space to think about and process this important period in your life. I further hope that your willingness to share your experiences of becoming a mother and parent will benefit other women who conceive their families in this way, and that this knowledge that you are helping others will be rewarding for you. I hope that through sharing your story and illuminating some of the challenges and joys these women may face, their friends, families and the services and professionals involved during this period will be better informed and therefore better able to support them and meet their needs.

Expenses and Payments

There are no monetary benefits to this study, however all of your travel expenses for getting to and from the interview will be reimbursed.

Do I have to take part?

Your participation in this study is entirely voluntary and you can choose not to take part. If you do decide to take part, you are free to withdraw from the study without explanation or penalty at any time.

What will happen when the research study stops?

All collected data will be kept secure on a password-protected computer and in a locked filing cabinet. Once the research study finishes, all data will be destroyed.

Will my taking part in the study be kept confidential?

Please be assured that:

- The data from the interviews, the audio-recordings and your personal information will all be stored securely, using password protected computers and locked filing cabinets.
- All data will be destroyed once finished with.
- Only the researcher and their research supervisor will have access to the raw, unedited data, which will be anonymised before being made public.
- No information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.
- Confidentiality will only be broken if a risk of harm to the participant or others is disclosed, or if there is disclosure of criminal activity.

What will happen to the results of the research study?

The results of the study will be written up as part of this thesis, which will be logged in the City University London Library and will be available for the public to access. It is possible that the results may be published in a journal in the future, however, if this should occur, your anonymity will remain. If you would like to receive a copy of the summary of results, I will send them to you once the study is completed.

What if there is a problem?

If you have any problems, concerns or questions about this study, please do not hesitate to contact me via telephone on [REDACTED] Or email [REDACTED]

If you would like to speak to someone other than myself, please contact my Research Supervisor, Dr Deborah Rafalin, who is a Chartered Counselling Psychologist and Senior Lecturer at City University, London at [REDACTED]

If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: Becoming a co-mother: A qualitative study exploring the experiences of lesbian, gay, bisexual and queer women as they become 'genetic mothers' through Reciprocal IVF with their partners.

You could also write to the Secretary at:

Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: [REDACTED]

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London Psychology Department Research Ethics Committee, [Ref: *PSYETH (P/L) 15/16 04*].

Thank you for taking the time to read this information sheet.

Appendix C: Consent Form



Becoming a co-mother: A qualitative study exploring the experiences of lesbian, gay, bisexual and queer women as they become 'genetic mothers' through Reciprocal IVF with their partners.

Ethics approval code: [PSYETH (P/L) 15/16 04]

CONSENT FORM

I agree to take part in the above City University London research project. I have had the project clearly explained to me in a manner that I understand, and I have read the participant information sheet, which I may keep for my records. I have also had the opportunity to ask any questions that I may have.

I understand that taking part in this research this will involve:

- being interviewed by the researcher for approximately 1½ - 2 hours;
- allowing the interview to be audiotaped;
- the audiotapes being transcribed by the researcher.
- anonymised transcribed sections being used in publications.

I understand that this information will be held and processed for the following purposes:

- The data from the interviews, the audio-recordings and all personal information will all be stored securely, using password protected computers and locked filing cabinets.
- All data will be destroyed once finished with.
- Only the researcher and their research supervisor will have access to the raw, unedited data, which will be anonymised before being made public.
- No information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.
- Confidentiality will only be broken if a risk of harm to the participant or others is disclosed, or if there is disclosure of criminal activity.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.

I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purposes set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.

Name of Participant

Signature

Date

On behalf of those involved in this study, I undertake that confidentiality will be ensured with regard to any material presented from this research. This material will be used for the purpose of research only and the anonymity of this interviewee will be protected.

Name of Researcher

Signature

Date

Appendix D: Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE

This research seeks to listen to the views of a cross-section of LBGQ+ mothers/parents and I would be grateful if you could spend a few minutes completing this questionnaire so that I can explain the characteristics of the participants as a group. The information you provide is confidential and your answers are completely anonymous. Please feel free to leave blank any question you do not wish to answer.

1. Age:

2. Qualifications *(please tick the highest qualification you have obtained)*

None ☐

GCSE (or equivalent) ☐

Trade Apprenticeship ☐

A/AS Levels (or equivalent) ☐

Diploma (HND, SRN, etc.) ☐

Degree ☐

Postgraduate Qualification ☐

3. a. What is your current employment status? *(Please tick the box that applies)*

Employed Part time ☐ Full time ☐

Self-employed Part time ☐ Full time ☐

Seeking work outside of the home ☐

Stay at home parent ☐

- | | |
|------------------------|--------------------------|
| Student | <input type="checkbox"/> |
| Trainee/Apprenticeship | <input type="checkbox"/> |
| Retired | <input type="checkbox"/> |
| Unable to work | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

b. How would you best describe your occupation?

.....

4. How would you best describe your ethnic identity?

.....

5. How would you best describe your sexual orientation?

.....

6. What is your current relationship status? *(Please choose from the following)*

- | | |
|-------------------|--------------------------|
| Single | <input type="checkbox"/> |
| Civil-Partnership | <input type="checkbox"/> |
| Married | <input type="checkbox"/> |
| Co-habiting | <input type="checkbox"/> |
| Separated | <input type="checkbox"/> |
| Divorced | <input type="checkbox"/> |
| Widowed | <input type="checkbox"/> |

Other ☐ Please describe

7. a. How many children do you have?

b. What are their ages?

8. How did you conceive your children? (*Please specify for each child*)

First child:

.....

Second child:

.....

Third child:.....

.....

Any further children:

.....

.....

Thank you for completing this form

Appendix E: Debrief Information Sheets



Becoming a co-mother: A qualitative study exploring the experiences of lesbian, gay, bisexual and queer women as they become ‘genetic mothers’ through Reciprocal IVF with their partners.

DEBRIEF INFORMATION

Thank you for taking part in this study! The aim of this study is to investigate how LBGQ+ women like yourself, who become genetic mothers/parents through IVF with their partners, experience the process of becoming a mother/parent. I wanted to learn more about how you experienced the transition to mother/parenthood, from conception to your child’s first birthday, and any aspects of the process you felt were significant and your thoughts and feelings in relation to these. I sought to do this through asking open questions that allowed you to recount your experiences in detail, so that I could gain fuller and richer understandings of them. I sincerely hope that speaking about your experiences and having the chance to reflect on this important change in your life has benefited you, by giving you the space to think about and process this transition and by giving you the chance to be heard. In addition, I hope that through telling me about your story and your experiences, other women who are becoming or will become mothers/parents in this way will benefit. In sharing your experiences, you are enabling them, their friends and families and any professionals and services involved in the process, to become aware of some of the challenges and joys they may experience and I hope this will improve the treatment and support they receive.

If you feel you need extra support or information regarding some of the topics that we have discussed, there are services available that can provide you with this and I have attached their details here. If you have any other questions please do not hesitate to contact me on [REDACTED] or at [REDACTED]

If you have any questions or concerns about this research and would like to speak to someone other than myself, please contact my Research Supervisor, Dr Deborah Rafalin, who is a Registered Psychologist and Senior Lecturer at City University, London at [REDACTED]

ADDITIONAL SOURCES OF SUPPORT AND INFORMATION

BACP – BRITISH ASSOCIATION FOR COUNSELLING AND PSYCHOTHERAPY

The British Association for Counselling & Psychotherapy is a membership organisation and a registered charity that sets standards for therapeutic practice and provides information for therapists, clients of therapy, and the general public.

Telephone: 01455 883300 Website: <http://www.bacp.co.uk/>

BRITISH INFERTILITY COUNSELLING ASSOCIATION

A professional association for infertility counsellors and counselling in the UK, seeking to promote the highest standards of counselling for those considering or undergoing fertility investigations and treatment.

Website: <http://bica.net/>

THE CITIZENS ADVICE BUREAU

They help people resolve their legal, money and other problems by providing free, independent and confidential advice

Telephone Number: 03444 111 444 Website: <http://www.citizensadvice.org.uk/>

COUNSELLING DIRECTORY

It is possible to find a counsellor near you on the Counselling Directory.

Website: www.counselling-directory.org.uk/

ADFAM

A charity supporting families affected by drugs and alcohol. They provide support materials and training specifically for families and professionals.

Website: <http://www.adfam.org.uk/>

FAMILY LIVES

Family Lives seeks to support families with any problems or challenges that they face. Their trained family support workers, both paid and volunteer, offer all family members immediate and on-going help on the phone, online or in local communities. They offer information and support and train professionals in addition to campaigning for changes to improve and support family life.

Telephone: 020 7553 3080 Website: <http://www.familylives.org.uk/>

GENERAL PRACTITIONER (GP)

Please know that you can also consult your GP if you have any concerns about your mental-health and wellbeing.

GINGERBREAD

A UK charity providing expert advice, practical support and campaigns for single parent families.

Telephone Number: 0808 802 0925 Website: <http://www.gingerbread.org.uk/>

HOME START

Home-Start is a national family support charity that helps parents to build better lives for their children. The charity helps families with young children deal with whatever life throws at them. They support parents as they learn to cope, improve their confidence and build better lives for their children. Their volunteers visit the family's home for a couple of hours every week. They tailor-make their support to the needs of the parents and children.

Website: <http://www.home-start.org.uk/>

HORSESMOUTH

Mentoring site where users can give and receive confidential advice.

Website: <http://www.horsemouth.co.uk/index.publisha>

INFERTILITY NETWORK UK

This is the leading national infertility charity. It provides advice, support and understanding for people facing infertility. They have a free supportline that provides support and information from a trained nurse and a helpline that offers the opportunity to speak to someone who will listen and talk to you about what you're going through. They have also set up support groups across the UK, which offer peer support.

Website: <http://www.infertilitynetworkuk.com/>

LONDON FRIEND

London Friend is the UK's oldest Lesbian, Gay, Bisexual and Trans Charity that exists to support the health and mental well-being of the LGB&T community in and around London. They offer counselling and support, including telephone support, around a range of issues.

Telephone Number: 020 7833 1674 Website: www.londonfriend.org.uk

MAMA – Meet a mum association

MAMA provides friendship and support to mothers and mothers-to-be. The Meet A Mum Association was created to try and help thousands of mothers who feel out of their depth, depressed or a little isolated when their babies are born.

Website: <http://www.mama.org.uk/>

MATCH MOTHERS - Mothers Away From Their Children

MATCH is a charity that offers non-judgemental support and information to mothers apart from their children in a wide variety of circumstances.

Website: <http://www.matchmothers.org/>

MIND

The mental health charity.

Website: <http://www.mind.org.uk/>

MUMSNET

A website where parents and parents-to-be can share their know-how, with the aim of making parents' lives easier by pooling knowledge, experience and support.

Website: <http://www.mumsnet.com/>

NETMUMS

Local network for mums with a wealth of information on being a mum or dad in your home town.

Webiste: <http://www.netmums.com/>

ONE SPACE

An organisation working to improve the lives of one-parent families in the UK and Europe. They offer advice and information on all aspects of parenting alone, a lively online community supported by experienced single parenigng specialists, low cost or free events for parents and families and online learning courses.

Website: <https://www.onespace.org.uk/>

PINK PARENTING

The Pink parenting website lists support groups for gay and lesbian families in your area. Some are online support groups, whilst others arrange regular meet-ups.

www.pink-parenting.com/support-groups/

PINK THERAPY

If you would like to engage in Counselling and would like to work with therapists who work with gender and sexual diversity clients from an affirmative standpoint, Pink Therapy can help you find someone.

Telephone: 020 7836 6647 Website: www.pinktherapy.com

RELATE

Relate offers counselling services for every type of relationship nationwude. They provide advice on marriage, LGBT+ issues, divorce and parenting.

Telephone: 0300 100 1234 Website: <http://www.relate.org.uk/>

STONEWALL

Stonewall is a charity that campaigns for LGBT rights, conducts research into LGBT issues, provides free information about LGBT rights, and which offers people resources such as research reports and guides.

Telephone Number: 0800 0502020 Website: <http://www.stonewall.org.uk/>

SURE START

Sure Start is a government led initiative aimed at giving every child the best possible start in life and which offers a broad range of services focusing on Family Health, Early Years Care and Education and Improved Well Being Programmes to children aged four and under.

<http://www.nidirect.gov.uk/sure-start-services> or <https://www.gov.uk/find-sure-start-childrens-centre>

THE CHILD LAW ADVICE LINE (CLAL)

Freephone advice line for parents, carers, children and young people on a wide range of legal issues.

Website:

[http://www.childrenslegalcentre.com/index.php?page=the child law advice line](http://www.childrenslegalcentre.com/index.php?page=the_child_law_advice_line)

Ethics approval code: *[PSYETH (P/L) 15/16 04]*

Appendix F: Interview Schedule

Interview Schedule

Welcome and introductions. Ask participant about their preferred name and language.

Discuss the aims of the research and the plan for today.

Explain confidentiality and invite participant to sign consent form.

Remind participant of their right to ask any questions, both now and during the interview, to withdraw without explanation and to not answer questions they do not want to.

Address any questions or concerns raised.

Invite participant to complete a Demographic Questionnaire.

Prior to asking any questions, explain a bit about what I would like to learn about today. Explain to participants that this study seeks to better understanding their experience of becoming mother/parent, from their decision to try and conceive, to their experiences today. Explain that I will ask them about different parts of this process and invite them to identify and share aspects of their experiences that they feel were important and impacted (whether positively or negatively) on them. Finally, explain that I am interested in how they felt and thought about themselves, and how they made sense of and managed their feelings and experiences.

NOTE: Use participants terminology when asking the questions below.

1. Can you tell me about your decision to have a baby together in this way?

Possible prompts:

- Can you tell me about how you made the decision about which one of you would be the egg sharer and which of you would carry the pregnancy?
- What were your thoughts and feelings about having a child in this way?
- I'm wondering what things came up for you? And how did you manage these?
- What role, if any, did others play in the process at this time?

2. Can you tell me about your experience of the IVF and conception process?

Possible prompts:

- How did you experience the harvesting of the eggs? How did that make you feel about yourself? Your partner? Your relationship?

- What impact did the fertilization and implantation processes have on you? How did it make you feel about yourself? And your partner? And about your relationship?
- What was your experience of others (partner, friends, family, professionals, others) during this period?
- How did you cope with all of these things? What strategies did you use?

3. Can you tell me about your experience of the pregnancy?

Possible Prompts:

- How did you feel about yourself during the pregnancy?
- What were your feelings about your partner and your relationship?
- How did others (partner, friends, family, professionals, others) treat you during this period? And what impact did that have on you?
- How did you manage all of this?

4. Can you tell me about your experience of the birth?

Possible Prompts:

- I wonder how the birth affected the way you feel about yourself?
- And what impact did it have on your feelings about your partner? And on our relationship?
- Were others involved during the birth? If so, how did you experience them?
- What strategies did you use to manage these things?

5. How did you experienced the first few weeks of your child's life?

Possible Prompts:

- During these early few weeks, how did you feel about yourself?
- And how did you experience your partner and your relationship?

- How did you experience and manage the feeding? Did this have an impact on you?
- What role, if any, did others play during this period?

6. How did you experience the following few months?

Possible Prompts:

- What was your sense of yourself during this period?
- How did others react to you during this period? How did this make you feel about yourself?
- How was your relationship with your partner? And how did this impact on the way you thought and felt about yourself?

7. And since then, how have you experienced being a mother/parent?

8. What impact has becoming a parent/mother had on you? And your relationship? And how have you managed that?

9. How do you think others see you? Has that affected you? If so, how?

10. How has your sense of being a parent/mother changed over time?

11. If you have experienced difficulties during the transition to parent/motherhood, has therapy had a role in how you have managed these?

If yes: Can you tell me what was or wasn't helpful?

If no: Why not? What your thoughts are about it?

12. Is there anything further you'd like to tell me about becoming a parent/mother in this way?

13. How has it felt taking part today?

Appendix G: Excerpt from a Transcript

didn't tell
many ppl -
Private
= helpful

Traditional
Parents

Straight parents
- upbringing?

mum denied her
sexuality - struggled
to accept
- not accepted?

Loss

dad ignores
sexuality - not
addressed...
struggled w.
not accepted?

Asian/Cultural
Explanation/Reason
for struggles for
lack of
acceptance

trying to make
sense of their
reactions.

HER EGG
made it easier
to spk. to parents

Biological link/
her egg made it)
helped her
parents to
understand + ACCEPT

↳ traditional beliefs?

↳ if partner's egg = harder - less
acceptable?

362 P: Yeah, I think the only people really and I

363 think it also helped that um, you know, my

364 parents are quite traditional In some ways,

365 you know straight couple from [place] and um,

366 my mum knows about me but she's sort of in

367 denial, or she was, she passed away a couple

368 of years ago, um but my father kind of knows

369 but he doesn't talk about it so it's a very sort

370 of, Asian way of dealing with it, maybe [place

371 name] way, or maybe just my family I don't

372 know, um, so yes, so I knew that because it

373 was my egg that it'd be a lot easier for me to

374 speak to them about it, rather than [partner]

375 ,this amazing partner, you know the whole

"traditional"
heterosexual
parents/upbringing

Asian cultural
bgd.

Parents denied
her sexuality
- Lack of acceptance

Sexuality ignored
- lack of acceptance

- Parents influenced
by culture.

HER EGG
helped parents
accept.

Biology
mattered to
parents.

would be more
scary if used
partner's egg.

376 thing was slightly more scary for them, but it

377 was, that might be a question for afterwards,

lack of
biology = scary
↓
Biology mattered
to parents.

her egg
made relationship
better / easier
- changed her
relationship

378 but it just made the whole relationship with

379 my parents easier

380

) Improved
relationship
w. parents.

381 R: Because it was your egg and [child] was

382 biologically related to you?

383

Parents
focussed on it
being her egg

her egg/child
diverted from
her sexuality

384 P: Yeah, yeah, yeah so that sort of, they

385 focussed on that and forgot about my

386 sexuality and everything else, it was just about

(her egg/child)
Diverted from
sexuality
↳ Acceptance?

became about
the child -
child was family

partner
became ~~more~~
part of family
∴ she was the
mother

387 a kid and part of the family, and eventually

388 [partner] became part of the family because

389 she was the mother and now she is treated as

Familial
acceptance of
partner.

partner treated
as family
now - not before?

390 family now so it was kind of, came full circle

full
circle - things
changed
- transformation
before vs. after.

391 you know it worked out

392

393 R: It sounds like you felt it helped

394

helped
relations

395 P: Yeah

396

397 R: Do you think that had an impact on how

398 you felt about yourself?

399

not fully...

400

401 P: Uh, yeah, maybe. Yeah cos then you can be

become
more open

402 slightly more open to share with them about

shared w.
her mum.

↓
changed their
relationship.

403 how, and you can ask my mum, well I used to

Partner
became family
↓

Parental
acceptance of
partner.

(becoming a parent)

Increased
connection
with mum.

new empathy*

↑

new understanding/
perspective of
parents.

Recognized parent's sacrifice

↑ depth of
relationship

better understanding
of parents

- EMPATHY

parents
had worried re:
not accepted
her sexuality.

not fully
accepted.

↳ SAD voice

appreciated
effort?

depth of
understanding
- new
perspective.

404 ask my mum when [child] a lot about things,

405 and you understand how she what they went

406 through and what they sacrificed and all that

407 so there's another level of sharing and you

408 understand why they were worried about my

409 lifestyle you know, sexuality, you know, I

410 mean I didn't like that they didn't accept it

411 fully, but they were trying and I can see where

412 they were coming from too so you know, so

413 you have another level of understanding. I

414 suppose. Yeah, hmmm.

415

416 R: Can I ask, you mentioned that um,

new perspective/
understanding

↑ depth of
relationship
w. mum.

still not
fully accepted.

parents were
trying

deeper/new
understanding
(of parents).

Appendix H: Excerpt from a Participant Summary Table.

Superordinate Theme	Emergent Theme	Quotation	Location
Making a baby together	Making baby together	"Egg sharing was so perfect for us in a way...what that did was open up a kind of opportunity to both feel you know, you know that we were making the baby together"	Il.123-131; pp.4-5
	Both bodies made baby, together	"both feeling like both your bodies have made that happen"	Il.307-08; p.10
	Going through process together	"going through that cycle together, you know, that you're kind of, you know, the both going through the injections and both going through the procedures"	Il. 291-95; p.10
	Both invested in process	"I think that sort of Reciprocal IVF, the egg sharing process was important to us because I think it sort of, um, was about everybody feeling invested in that kind of process"	Eileen: Il.46-50; p.2
	Both felt part of it	"we both felt that we had contributed to the success"	Eileen: Il.284-85; p.9
Desired pregnancy	Wanted to be pregnant	"my interest in being pregnant"	
Making Sacrifices	(Both) Sacrificing desired role	"I think the sacrifice was realising that, did we want to be parents? Yes. And what was the best decision for us as a couple to get to that position really"	Eileen: Il.97-100; p.4
	(Both) sacrificing desired role	"in a way, both of you being willing to make one of those sacrifices"	Eileen: Il.69-71; p.3

Redefining Motherhood/ Parenthood	Letting go of old understanding of 'mother'	"Being kind of caught up in that imagery and idea of what it is to be a mother and I think it was important for me to kind of let go of that part being the defining aspect"	Eileen: ll.160-163; p.6
	Developing new understanding of 'mother'	"So, in other words to kind of think you're not less of their mother because you didn't give birth to them"	Eileen: ll.168-170; p.6
	Redefining parenthood	"I think that's the whole, if you're already kind of using a sperm donor, then to a certain extent you move past feeling like genetics and biology are the things that make you a parent"	Eileen: 373-377; p.12
(Importance of) Being part of it	Importance of feeling part of success	"I think it is pretty important under those circumstances to feel like you were part of the success"	Eileen: 270-272; p.9
	Importance of feeling part she had contributed	"I feel very conscious of all the people who contribute to that moment [...] there could be a sort of sense, if you weren't you know, kind of almost on the list of people who'd done something [...] that for some people that might feel, um, that would take a kind of, that takes a different kind of intellectual and emotionally step, which may have been beyond me"	Eileen: 334-352; p.11
	Importance of being part of it	"I think that was important to sort of, you know to feel like that process was complete"	Eileen: ll.352-354; p.12
	Freed from feeling responsibility for failure	"I think any sense of feeling that I had let us down from, goes away"	Eileen: 254-56; p.8

Not recognised by others	Not congratulated as mother-to-be	"There were occasional blips where somebody would just congratulate Bethan, and not me, because it's kind of the sight of pregnancy, the pregnancy is the sight of congratulations"	Eileen: 469-73; p.15
	An ambiguous presence	"we went for one scan and often there was a sort of awareness that you were kind of ambig, that I was a kind of ambiguous presence in the room, there was a sort of 'are you the friend, or the sister?'"	Eileen: ll.505-510; p.16
	Her version of motherhood not recognised	"I really felt like, um, you know, there's no version of me as a mum, in this room"	Eileen: ll.600-01; p.19
	Not recognised as a mother	"there had to be this kind of sitcom kind of explanation at that stage [...] you forget that other people can't read that situation instantly, um and that sort of emotional, all you're trying to do is to see, are they okay? And you're having to deal with this sort of, yeah..."	Eileen: ll.1320-31; p.42
	Not recognised as a mother	"I really remember the anaesthesiologist saying, 'what are you, one of her friends?', in that casual sort of way"	Eileen: ll.1199-1202; p.38
	Their version of family not recognised	"I remember actually being in the special care kind of unit and one of the nurses kind of whispering to me 'so, do you know who daddy is?' [...] so those kinds of moments where people go wrong [...] they don't do that sense check [...] they're quite upsetting"	Eileen: ll.1875-82; p.59
Responding to (negative) reactions	Communicating who she was	"As it kind of progressed I got better at communicating who I	Eileen: ll.550-2; p.18

		was to make sure that was clear”	
	Educating others	“I think to be better at kind of calmly saying to someone, have you thought about what they might kind of, to try and sort of not let that person go on in the world saying that to someone else”	Eileen: ll.1890-94; p.60
	Not thinking about them	“I really try to not kind of, dwell on those kinds of moments because I think [...] it's not that it spoils things but it does kind of um, take your attention away or it does you know, hit you a little bit in that kind of moment”	Eileen: ll.1246-52; p.40
	Regrets not saying something	“I think there were a lot of those moments where two days later you realized what you ought to have said at the time [...] you wish you'd said something but actually you are just sort of so flustered”	Eileen: ll.482-91; p.16
	Regrets enduring NCT	“I sort of regret it now, not being more, um, I think I regret enduring it actually”	ll.632-22; p.20
Others as supportive and accepting	Supportive family	“I think they were all pretty good, pretty good, top marks for the family, yeah”	Eileen: ll.1152-54; p.37
	Supportive midwives	“They were just totally fabulous”	Eileen: ll.1227; p.39
	Others excited	“yeah people looking forward to It really”	Eileen: ll.1151-52; p.37

	Recognised/ Treated as an equal parent	“She didn’t assume that I needed to be left out of that conversation [...] and she did assume that I was a parent of equal value in that conversation [...]t absolutely made a huge difference to my kind of my sense of self confidence about it, or um, actually pride in the children”	Eileen: Il.1041-50; p.33
Feeling misunderstood	Counsellor misunderstood	“the counsellor was obviously desperate to make me say that I would feel jealous or I would feel resentful or any of those kind of feelings, but you know it just wasn’t like that at all”	Eileen: Il.1118-22; p.36
Changing sense of self	I’m different	“that realization that you’re, it’s a bit like you’re not yourself anymore”	Eileen: Il.1379-80; p.44
	Defined by children	“you are defined by them [...] in a genuinely empowering and meaningful way”	Eileen: Il.1381-84; p.44
	Always changings as a mum	“realizing that they are changing all the time and the version that, the mum you need to be has to somehow keep a-pace with that”	Eileen: Il.1847-50; p.58
	Identity shift	“cos I think my sense of identity had been so tied up with my job and I was used to thinking of myself through that [...] finding that quite a shift from being like 100 people have to listen to me talk to picking them out of the sandpit at toddler thing”	Eileen: Il.1819-26; p.58
	Became a different person	“I think that It [who she was] was absolutely different once they were born”	Eileen: Il.1624; p.51
	Became a mother after birth	“I don’t think I would have said I felt like a mum until they were born really”	Eileen: Il.1632-34; p.52

Appendix I: Example of a Master Theme Table

Master Theme: The Decision

	Amelia	Andi	Eileen	Jade	Jo	Kyo	Sarah
Having children: Desire vs ambivalence	<p>"I hadn't necessarily always thought I'd be a mum" Amelia: 9-10; p.1)</p> <p>"As we get a little bit older [...] you start thinking about interesting experiences in life [...] you think well maybe we'd enjoy the adventure of being parents" (Amelia:10-20; p.1)</p>	<p>"I didn't have a massive urge to have them" (Andi: 347; p.11)</p>	<p>"Probably like a lot of couples have that discussion you know when things become kind of serious that that's something you want to do in the future" (Eileen: 5-8; p.1)</p> <p>"The two of us wanting to be a family" (Eileen: 154; p.5)</p>	<p>"I wanted children and I wanted to check she wanted children [...] if somebody else doesn't want to have kids it's, in my mind then I need to look for someone who wants children in the future" (Jade: 14-23; p.1)</p> <p>"I wanted kids" (Jade: 29; p.1)</p>	<p>"I always wanted children" (Jo: 4-5; p.1)</p> <p>"Emotionally I wanted to be a mother" (Jo: 54; p.2)</p>	<p>"I had never like had this urge to like, get pregnant [...] maybe not baby either to be honest with you" (Kyo: 531-537; p.17)</p> <p>"I just didn't think it was possible for me [...] so I just didn't think it would happen" (Kyo: 541-547; p.18)</p>	<p>"When you grow up you imagine kind of having kids and I always saw myself in a family" (Sarah: 852-54; p.27)</p>

Wanting to have a child together	<p>"We thought well actually it's a great way for both of us to be involved" (Amelia: 53-54; p.2)</p> <p>"We thought it was a well-rounded way of being like typical parents, frankly where both of us are involved" (Amelia: 67-68; p.3)</p>	<p>"We thought it was a nice kind of thing to do, between the two of us" (Andi: 53-55; p.2)</p> <p>"Definitely that idea that we were both kind of invested in the process" (Andi: 181-82; p.6)</p>	<p>"Egg sharing was so perfect for us in a way...what that did was open up a kind of opportunity to both feel you know, you know that we were making the baby together" (Eileen: 123-131; pp.4-50)</p> <p>"I think that sort of Reciprocal IVF, the egg sharing process was important to us because I think it sort of, um, was about everybody feeling invested in that kind of process" (Eileen: 46-50; p.2)</p> <p>"The two of us wanting to be a family" (Eileen: 154; p.5)</p>	<p>"The baby would be a little bit of both of us" (Jade: 643-44; p.21)</p> <p>"Wanted to do it together [...] almost to go through it together in a way, we were going to go through it together" (Jade: 165-69; p.6)</p> <p>"We started thinking 'oh, we could possible start our family'" (Jade: 44-45; p.2)</p>	<p>"It was the idea of being able to actually have a child between us [...] we fell in love with that idea" (Jo: 57-60; p.2)</p> <p>"I think intellectually it was like, actually that's the closest we could get to having a baby between the two of us, and that became important to us" (Jo: 38-41; p.2)</p>	<p>"Thinking the baby will come and it will be like equal, me and [partner] with a baby, that we look after equally" (Kyo, 914-16)</p>	<p>"We wanted it to kind of be our, our process" (Sarah: 332-334; p.11)</p> <p>"Both of us are kind of part of it... I don't know, it felt like we could both be involved" (Sarah: 47-50; p.2)</p> <p>"Yeah, both be a part of it really" (Sarah: 56; p.2)</p> <p>"Give it a shot this way and we will both be a part of it, cos with IUI I would have probably had to do it all" (Sarah: 73-75; p.3)</p>
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							<p>"It was important for us to both have a role... the technology allows for it and it felt the way we were both a part of it most" (Sarah: 87-90; p.3)</p>
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Role preference		<p>"Part of the reason we did what we did as well was because fundamentally I didn't want to carry children" (Andi: 42-44; p.2)</p> <p>"I just have absolutely no interest in being pregnant [...] I don't feel like its something I have to go through to be a woman" (Andi: 200-203; p.7)</p>	<p>"My interest in being pregnant"</p> <p>"So I think that was again, kind of important for me now [...] feeling like, really genuinely both feeling like it didn't, it didn't matter to us, we could both feel like it didn't matter to us how they kind of have come into the world" (Eileen: 61-68; pp.2-3)</p>	<p>"Physically carrying and physically having a baby realistically takes about 18 months out of your life almost [...] which I'm not being negative about it, it's just I didn't want it right there" (Jade: 572-75; p.18-19)</p>	<p>"I had never like had this urge to like, get pregnant" (Kyo: 531-532; p.17)</p>	<p>"We were quite happy to do it either way, [...] because we were both involved whichever way" (Sarah: 136-143; p.5)</p> <p>"I don't think I specifically thought much about pregnancy, I don't think that side of things" (Sarah: 854-56; p.27)</p>
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She wanted to be pregnant				"[partner] wanted to be pregnant and was desperate for that" (Jade: 587-88; p.19)	"she said well actually I'd really love to be able to have your baby" (Jo: 17-18; p.1)	"she wanted to do, she wanted to have <i>my</i> baby, she didn't want to have a baby" (Jo: 24-26; p.1)	"Then she was always asking me you know "can I have your eggs, what do you think about donating?" (Kyo: 81-82; p.3)	
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Being practical	<p>"We decided, frankly for reason of practice, we decided [partner] would carry the baby rather than me" (Amelia: 48-49; p.2)</p> <p>"We decided that I would the uh, uh, the egg donor basically [partner] has a couple of complicated genetic background and so she didn't want to take a risk of something happening"</p> <p>Amelia: II.38-42; p.2</p>	<p>"It's [medical condition] strongly there in the family background, so I think we both felt at the time that us having kids that were my eggs were a way of avoiding that happening"</p> <p>(Andi: 90-94; p.14)</p>	<p>"We had a series of unsuccessful cycles, then we had a miscarriage with egg sharing in the other direction [...] then I realized I suppose that my, almost my interest in being pregnant was actually stopping us from having a family rather than making us have a family if that makes sense"</p> <p>(Eileen: 17-29; p.1)</p>	<p>"We tried for 3 years maybe with her egg and it just didn't work" (Kyo: 50; p.2)</p>	<p>"That being the most logical and sensible way to do it in terms of the percentages"</p> <p>(Sarah: 152-154; p.5-6)</p> <p>"so my partner is a little bit older than myself, so that's why I donated my eggs" (Sarah: 43-44; p.2)</p> <p>"I think the main decision was age [...] kind of having chatted it through with the clinic, they sort of suggested that in terms of the quality of the eggs and success rates it would be better"</p> <p>(Sarah: 135-140; p.5)</p>
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Winning vs. Losing		"It was a win-win situation" (Andi: 208)	"I think the sacrifice was realising that, did we want to be parents? Yes. And what was the best decision for us as a couple to get to that position really" (Eileen: 97-100; p.4) "in a way, both of you being willing to make one of those sacrifices, that was kind of an important process" (Eileen: 69-71; p.3)	"At this stage it was right for [partner] to have the baby" (Jade: 586-87; p.19)	"That was quite sad for me being lesbian was that whichever life partner you choose, you'd never be genetically half me and half my partner, we wouldn't have that opportunity" (Jo: 9-13; p.1)		"We were both benefitting in terms of being able to be involved, but we were both actually were giving up something as well, she was giving up her genetic connection and I was giving up the feeling of pregnancy and of carrying" (Sarah: 828-833; p.27) "we kind of appreciated what each other had given and have given up as well" (Sarah: 837-839; p.27)	
Swapping over				"I'm going to be dreadful, I know it already [...] like when I do it" (Jade: 2842-47)	"We were planning on doing it the other way around" (Jo: 883-84; p.28)		"We knew we could do it the other way around next time" (Sarah: 147-148; p.5)	

Concerns					<p>"I remember thinking are they going to be annoyed that we did this? Are they going to hold it against us?" Andi: II.2603-05; p.82</p> <p>"So that is a concern that, but hopefully because we're introducing them to it when they're young and being open with them they won't suddenly turn around when they're 13 and, "I hate you"" Andi: II.2630-34; p.83</p>		<p>"I was really anxious and they said you are at high risk [of overstimulation] (Jade: 703-04; p.23)</p>			<p>"It's something you have to, it's, it [donor step siblings] might happen so you have to accept that it's a part of the way you've chosen to have a child" (Sarah: 638-640; p.21)</p>
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Appendix J: Ethical Approval from City University



Psychology Research Ethics Committee
School of Social Sciences
City University London
London EC1R 0JD

10th September 2015

Dear Laura Bottomley

Reference: PSYETH (P/L) 15/16 04

Project title: Becoming a co-mother: a qualitative study exploring the experiences of lesbian, gay, bisexual and queer women as they become biological non-birth mothers through IVF with their partners.

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

- (a) Recruit a new category of participants
- (b) Change, or add to, the research method employed
- (c) Collect additional types of data
- (d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee [REDACTED], in the event of any of the following:

- (a) Adverse events
- (b) Breaches of confidentiality
- (c) Safeguarding issues relating to children and vulnerable adults
- (d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event.

Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

Hannah Adeuya
Secretary
Email: [REDACTED]

Katy Tapper
Chair
mailto:Email: [REDACTED]



Psychology Department Standard Ethics Application Form: Undergraduate, Taught Masters and Professional Doctorate Students

This form should be completed in full. Please ensure you include the accompanying documentation listed in question 19.

Does your research involve any of the following? <i>For each item, please place a 'x' in the appropriate column</i>	Yes	No
Persons under the age of 18		X
Vulnerable adults (e.g. with psychological difficulties)		X
Use of deception		X
Questions about potentially sensitive topics		X
Potential for 'labelling' by the researcher or participant (e.g. 'I am stupid')		X
Potential for psychological stress, anxiety, humiliation or pain		X
Questions about illegal activities		X
Invasive interventions that would not normally be encountered in everyday life (e.g. vigorous exercise, administration of drugs)		X
Potential for adverse impact on employment or social standing		X
The collection of human tissue, blood or other biological samples		X
Access to potentially sensitive data via a third party (e.g. employee data)		X
Access to personal records or confidential information		X
Anything else that means it has more than a minimal risk of physical or psychological harm, discomfort or stress to participants.		X

If you answered 'no' to all the above questions your application may be eligible for light touch review. You should send your application to your supervisor who will approve it and send it to a second reviewer. Once the second reviewer has approved your application they will submit it to psychology.ethics@city.ac.uk and you will be issued with an ethics approval code. You cannot start your research until you have received this code.

If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting. You should send your application to your supervisor who will approve it and send it to psychology.ethics@city.ac.uk. The committee meetings take place on the first Wednesday of every month (with the exception of August). Your application should be submitted at least 2 weeks in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. Once your application has been approved you will be issued with an ethics approval code. You cannot start your research until you have received this code.

Which of the following describes the main applicant? <i>Please place a 'x' in the appropriate space</i>	
Undergraduate student	
Taught postgraduate student	
Professional doctorate student	X
Research student	
Staff (applying for own research)	
Staff (applying for research conducted as part of a lab class)	

1. Name of applicant(s).
Laura Mary Bottomley
2. Email(s).
<u>Laura.bottomley.1@city.ac.uk</u>
3. Project title.
Becoming a co-mother: a qualitative study exploring the experiences of lesbian, gay, bisexual and queer women as they become biological non-birth mothers through IVF with their partners.
4. Provide a lay summary of the background and aims of the research. (No more than 400 words.)
<p>The aim of this study is to investigate how LBGQ women who become the biological non-birth mother through IVF with their partners, experience the process of becoming a mother, as defined by Mercer (2004), using qualitative methods. The partners of these women will be the birth mothers of the same child. Data will be collected from 6-8 women using semi-structured interviews and then analyzed using Interpretative Phenomenological Analysis (IPA).</p> <p>Research reveals what a challenging time “becoming a mother” (Mercer, 2004) can be for a woman, and it has been reported that many experience distress and heightened vulnerability as they make this transition. However, it appears that once they have navigated this change and achieved a “maternal identity” they enter a period of better mental wellbeing, in which they feel “competent” and “confident” (Mercer, 2004). Due to its newness as a method for having a family, little is known about how women who co-mother through IVF experience becoming mothers, however research suggests that it is unlikely to be an easy transition and without challenges to their mental wellbeing. It seems especially important to explore the biological non-birth mother’s experience of becoming a mother in these families, as whilst research has suggested that a genetic, biological link between mother and child can facilitate “kin-claiming” and a woman’s transition to motherhood (Olshansky, 1990; Pelka, 2009), maternal identity literature (Mercer, 2004, 2006), together with research on surrogacy (Teman, 2010) and fathers’ experiences of becoming a parent (Sandelowski, 1994) and social representation and identity theories, suggests that pregnancy plays a vital role in this transition, leaving it unclear how women who do not experience it experience becoming a mother and negotiate the development of their maternal identities.</p>

5. Provide a summary of the design and methodology.

Data will be collected from 6-8 LBGQ women who have become biological non-birth mothers through IVF with their partners, using semi-structured interviews and then analyzed using Interpretative Phenomenological Analysis (IPA).

As a phenomenologist, in the research I will seek to create phenomenological knowledge. I believe that “what appear to be the “same” (material, social, psychological) conditions (e.g. a divorce, a diagnosis, an accident) can be experienced in many different ways” (Willig, 2012, p.12) and therefore that there is more than one *world* to be studied; potentially there as many (experiential) worlds as there are individuals. More specifically, I am an interpretive phenomenologist because I believe that as a researcher, I help to create the knowledge that I seek to generate. Consequently IPA will be used because it is “committed to the examination of how people make sense of their major life experiences” (Smith, Flowers & Larkin, 2009, p.1). The approach is “concerned with exploring the experience in its own terms...rather than fix experience in predefined or overly abstract categories” (Smith, Flowers & Larkin, 2009, p.1), which will hopefully allow the study to capture the complexity and richness of human experience, as is desired.

The study will seek to capture the experiences of eight mothers. Whilst Smith, Flowers and Larkin (2009) note that “there is no right answer to the question of the sample size” (p.51), they do comment that in research for professional doctorates, “typically, numbers of interviews...of between four and ten are adopted...and that range seems about right” (p.52). It is believed that a sample size of eight will allow the researcher to obtain rich and detailed information about the participants’ experiences and to keep an idiographic focus, but that it is not so many that “one is at danger of being overwhelmed by the amount of data generated” (Smith, Larkin and Flowers, p.51) and thus miss “potentially subtle inflections of meaning” (Smith, 2004, p.626)

6. Provide details of all the methods of data collection you will employ (e.g., questionnaires, reaction times, skin conductance, audio-recorded interviews).

Data will be collected using semi-structured interviews that will be approximately 1.5- 2 hours long. These interviews will be audio-recorded on two digital voice recorders so that if one fails, there is a back-up recording and participants are not inconvenienced by having to repeat themselves. The researcher will be happy to arrange a venue for the interview in the participant’s local area, or to interview them in a place of their choosing should they prefer; as Elwood and Martin (2000) note, “participants who are given a choice about where they will be interviewed may feel more empowered in the their interaction with the researcher” (p.656), which can encourage them to share more detailed information and make it is more positive experience for them.

Interviews will use open-ended, non-directive questions in a bid to enter the 'life world' of the participant, in line with phenomenological research, though some focused and specific questions may also be used to encourage participants to clarify or elaborate on their comments.

7. Is there any possibility of a participant disclosing any issues of concern during the course of the research? (e.g. emotional, psychological, health or educational.) Is there any possibility of the researcher identifying such issues? If so, please describe the procedures that are in place for the appropriate referral of the participant.

Whilst it is expected that some of the issues that will be discussed in this research might be sensitive for participants, it is not thought that speaking about them will be harmful to them. Nevertheless, steps that will be taken to protect the participants include acknowledging that this might be the case and ensuring they have considered this, reminding them that they are able to stop the interview if they wish, using my intuition to determine whether or not to stop an interview, "abandoning lines of investigation if participants' words or gestures seem to set a boundary around particular issue" (Allmark et al., 2009, p.52), offering them a full debrief at the end of the interview, and finally, giving them details of local support and counselling services.

8. Location of data collection. (If any part of your research takes place outside England/Wales please also describe how you have identified and complied with all local requirements concerning ethical approval and research governance.)

Various locations within England that are yet to be decided. The researcher will be happy to arrange a venue for the interview in the participant's local area, or to interview them in a place of their choosing should they prefer; as Elwood and Martin (2000) note, "participants who are given a choice about where they will be interviewed may feel more empowered in their interaction with the researcher" (p.656), which can encourage them to share more detailed information and make it is more positive experience for them.

9. Details of participants (e.g. age, gender, exclusion/inclusion criteria). Please justify any exclusion criteria.

Women in LGBTQ-first families who became the biological non-birth mother to their child after engaging in IVF with their partner will be invited to participate. The partners of these women will be the birth mothers to the same child. The child must be at least one year old at the time of interview. This age has been chosen because according to Mercer (2004), women tend to have achieved a maternal identity by this point.

10. How will participants be selected and recruited? Who will select and recruit participants?

Because the women this research seeks to interview might be hard to locate, non-random sampling techniques will be used to recruit study participants. Participants will be recruited through adverts in LGBTQ magazines such as 'Pink Parenting Magazine', social networking sites such as Facebook and Twitter, local LGBTQ support groups, word of mouth and snowballing. Participants will self-select and the first eight candidates to respond and who are suitable for this study will be interviewed. If more than eight women respond to the adverts, they will be thanked for their interest and offered a debrief pack, which will contain information on local and national support groups, and also a brief report on the study's findings once it is completed.

11. Provide details of any incentives participants will receive for taking part.

Participant will be offered to have their travel costs reimbursed. In addition, the researcher will make it as convenient as possible for participants to engage in the research, through arranging interviews at convenient locations and at suitable times etc. Finally, it is hoped that the chance for participants to have their stories heard, to illuminate their experiences, to help others going through this process and to shape services will be powerful incentives for their involvement.

12. Will informed consent be obtained from all participants? If not, please provide a justification. (Note that a copy of your consent form should be included with your application, see question 19.)

Prior to meeting to conduct the interviews, all participants will be asked to give their written and informed consent for both data collection and data analysis. In addition their oral consent will be sought throughout the interview, which is sometimes referred to as "process consent" (Allmark et al., 2009), when unanticipated sensitive issues emerge.

13. How will you brief and debrief participants? (Note that copies of your information sheet and debrief should be included with your application, see question 19.)

Participants will be briefed and debriefed by the researcher before and after they conduct the interviews. During the briefing, participants will be told about the purpose and scope of the study and what to expect from the interview, including topics that will be covered. They will be reminded that they can stop the interview at any point or decline to answer questions if they so wish. With regards to data analysis, participants will be told that the data will be securely stored and destroyed once finished with and that the raw, unedited data will only be viewed by the research team and will be anonymised before being made public. In addition, participants will be clearly told they have the right to withdraw from the research until one month after the interview has been conducted. Finally, they will be invited to ask questions they may have about the interview and research before the data collection commences.

During the debriefing, participants will be invited to reflect on the interview and how they experienced it. They will be invited to ask questions about the research, offer comments on the experience and be given details of support and counselling services should they feel the need to engage with them.

14. What potential risks to the participants do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

Whilst it is expected that some of the issues that will be discussed in this research might be sensitive for participants, it is not thought that speaking about them will be harmful to them. Nevertheless, steps that will be taken to protect the participants include acknowledging that this might be the case and ensuring they have considered this, reminding them that they are able to stop the interview if they wish, using my intuition to determine whether or not to stop an interview, “abandoning lines of investigation if participants’ words or gestures seem to set a boundary around particular issue” (Allmark et al., 2009, p.52), offering them a full debrief at the end of the interview, and finally, giving them details of local support and counselling services.

With regards to health and safety, as the one-on-one interviews will be conducted in a variety of locations, measures will be taken to ensure everyone is safe. These include following lone-worker policies and meeting in secure, private locations that ensure confidentiality and which meet fire-safety regulations and can be accessed safely via well-lit public pathways.

15. What potential risks to the researchers do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

Whilst it is not envisaged that this will be a problem, steps to minimize harm to the researcher will also be taken and these include “having formal and informal networks of support, education and training...and following lone-worker policies” (Allmark et al., 2009, p.53).

16. What methods will you use to ensure participants’ confidentiality and anonymity? (Please note that consent forms should always be kept in a separate folder to data and should NOT include participant numbers.)

Please place an ‘X’ in all appropriate spaces

Complete anonymity of participants (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.)	
Anonymised sample or data (i.e. an <i>irreversible</i> process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)	
De-identified samples or data (i.e. a <i>reversible</i> process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)	X
Participants being referred to by pseudonym in any publication arising from the research	X
Any other method of protecting the privacy of participants (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) Please provide further details below.	X

Use of direct quotes. Will use pseudonyms.		
17. Which of the following methods of data storage will you employ?		
<i>Please place an 'X' in all appropriate spaces</i>		
Data will be kept in a locked filing cabinet		x
Data and identifiers will be kept in separate, locked filing cabinets		X
Access to computer files will be available by password only		x
Hard data storage at City University London		
Hard data storage at another site. <i>Please provide further details below.</i>		x
Data will be stored securely on a password protected computer and in a locked cabinet in the researcher's private study.		
18. Who will have access to the data?		
<i>Please place an 'X' in the appropriate space</i>		
Only researchers named in this application form		
People other than those named in this application form. <i>Please provide further details below of who will have access and for what purpose.</i>		x
And my research supervisor, Deborah Rafalin.		
19. Attachments checklist. *Please ensure you have referred to the Psychology Department templates when producing these items. These can be found in the Research Ethics page on Moodle.		
<i>Please place an 'X' in all appropriate spaces</i>		
	Attached	Not applicable
*Text for study advertisement	x	
*Participant information sheet	x	
*Participant consent form	x	
Questionnaires to be employed		
Debrief	x	
Others (please specify, e.g. topic guide for interview, confirmation letter from external organisation)	x	

20. Information for insurance purposes.
(a) Please provide a <u>brief</u> abstract describing the project
<p>The aim of this study is to investigate how LBGQ women who become the biological non-birth mother through IVF with their partners, who become non-biological birth mothers to the same child, experience the process of becoming a mother, as defined by Mercer (2004), using qualitative methods. Data will be collected from 8 women using semi-structured interviews and then analyzed using Interpretative Phenomenological Analysis (IPA).</p>

<i>Please place an 'X' in all appropriate spaces</i>		
(b) Does the research involve any of the following:	Yes	No
Children under the age of 5 years?		x
Pregnant women?		X
Clinical trials / intervention testing?		x
Over 5,000 participants?		x
(c) Is any part of the research taking place outside of the UK?		x
<p>If you have answered 'no' to all the above questions, please go to section 21.</p> <p>If you have answered 'yes' to any of the above questions you will need to check that the university's insurance will cover your research. You should do this by submitting this application to anna.ramberg.1@city.ac.uk, <u>before</u> applying for ethics approval. Please initial below to confirm that you have done this.</p> <p>I have received confirmation that this research will be covered by the university's insurance.</p> <p>Name Date.....</p>		

21. Information for reporting purposes.		
<i>Please place an 'X' in all appropriate spaces</i>		
(a) Does the research involve any of the following:	Yes	No
Persons under the age of 18 years?		x
Vulnerable adults?		X
Participant recruitment outside England and Wales?		x
(b) Has the research received external funding?		x

22. Declarations by applicant(s)		
<i>Please confirm each of the statements below by placing an 'X' in the appropriate space</i>		
I certify that to the best of my knowledge the information given above, together with accompanying information, is complete and correct.		x
I accept the responsibility for the conduct of the procedures set out in the attached application.		x
I have attempted to identify all risks related to the research that may arise in conducting the project.		X
I understand that no research work involving human participants or data can commence until ethical approval has been given.		x
	Signature (Please type name)	Date
Student(s)	Laura Bottomley	25 th January 2015
Supervisor		

Appendix K: Excerpts from my reflexive diary

Interview Prep

[Dilemma: How much to say
about myself / share
with participants.]

I don't want to share more
than I have to, as I don't
want them knowing I'm
trying to mean they assume
I understand / stop them from
fully explaining themselves.

But I don't want them to
feel I'm being deceitful or
lying to them, especially
when I'm asking them to
share so much w. me.

→ and I can't / can't so gd
at not being totally truthful

↓

check w. Deborah what to
say - gut instinct = not offer
but not lie...

Thoughts & reflections

What do I think makes a mum?
(or parent?)

- s.o. who is there for, cares for +
provides for a child.
- NOT nec. biology - e.g. adoption,
or phrase "the family you
choose".
- But then,
Bio does have a place → look
at me - I wanted bio kids,
and whilst I'm sure adoption
would have been awesome,
and still yet might be, I
wanted bio - or at least to
try for bio 1st.

↓

Society → says bio but also
caring → clear impact
of society on my
thoughts + understanding

BECAUSE THAT

↓

need to not project my understanding
onto them.

The Good Mum

*Image of the Good Mum →
Reading all this literature has
made me realize how much I've
been influenced by these images
↓
and how they add to my struggles.
I feel quite politically motivated
to fight back. But I need to
make sure these motivations
don't colour my reading of
the data in a bad way - eg
force it / make it fit my
agenda.

→ they're powerful → shows
the power of society,
culture + dominant
social reps → did these
impact the women at all?
↓
gives me an insight/
ambiguity.

Trans Home

13 Dec - Post First Interview

First interview done!
It felt so good to do it &
to finally bring the research
to life!

I was struck by how much this
meant to her - she gave her
story / spoke to me
BECAUSE she had struggled &
BECAUSE she wanted to
help others. If hadn't been
on reciprocal IVF spec. said
she wouldn't have replied to
ad. - underscored the
importance of research.

She didn't know anyone else
who had conceived this way
- so no snowballing. Said would
have liked to have known someone
else who conceived in this way but
didn't - wondered if had added
to her isolation + importance of research??

Jan 27 - Interview 2.

post int
thoughts

major realization... not all women want to be mums! - I've assumed they will, but they may not. → need to make sure I don't carry this assumption forward into other interviews. Just % I identify as mum... argu!

Fortunately don't think any sig. harm done re: 1st int. she passionately wanted to be mum and today, we spoke about it & reflected on it and she spoke about who she felt she was.

What other assumptions have I made? ⇒ need to revisit all int. questions & speak to Deborah ⇒ make sure I'm not missing them.

Analysis

* Context / Culture. *

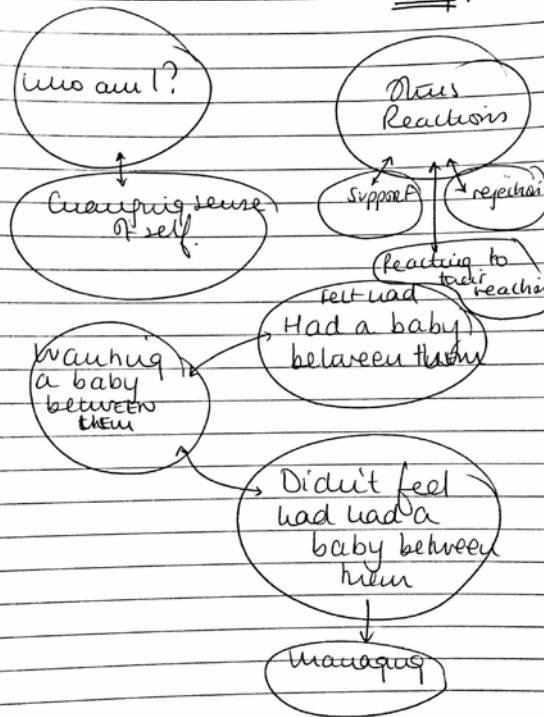
Everything / most things / ^{most} aspects of their experiences seem to have been affected by heterosexual culture / context, but how to present... is it its own theme? but then it affects all the others → its like a central theme → but how does this work? how do I present this?

⇒ Take to next supervision - check out other theses, espec. those on culture - what do they do?

Which theses? - Check online on library website //

Analysis

Q: How to present the themes / tell a story?



I'm not sure how to put the themes together - to tell their stories

I don't want it to be too bitty - I don't want to keep jumping around - how do I present them smoothly?

(Chronologically?)

too obvious?

tell their journeys - their transitions?

⊗ Does this work?

⊗ Check tables

Appendix L: Summary of all Presented Themes

Master Theme	Superordinate Themes	Emergent Themes
3.2. The Decision	3.2.2. Wanting a Child: Desire versus Ambivalence	
	3.2.3. Wanting it to be “Ours”	
	3.2.4. Role Choice	
3.3. Conception and Pregnancy: “Our” Process	3.3.2. “Our” Process?	
	3.3.3. “Our” Process: Others’ Embrace versus Intrusion	
	3.3.4. Who am I? Making sense of my role	
3.4. “Our” Child	3.4.2. “Our” Child?	3.4.2.1. Who am I?
		3.4.2.2. Managing and rebalancing
	3.4.3. “Our” Child: Others’ acceptance versus disapproval	3.4.3.1. Managing others’ disapproval
3.5. Who Am I now?	3.5.2. Who am I now?	

Appendix M: Figure 1. A Diagrammatic Representation of the Themes Representing the Women's Experiences

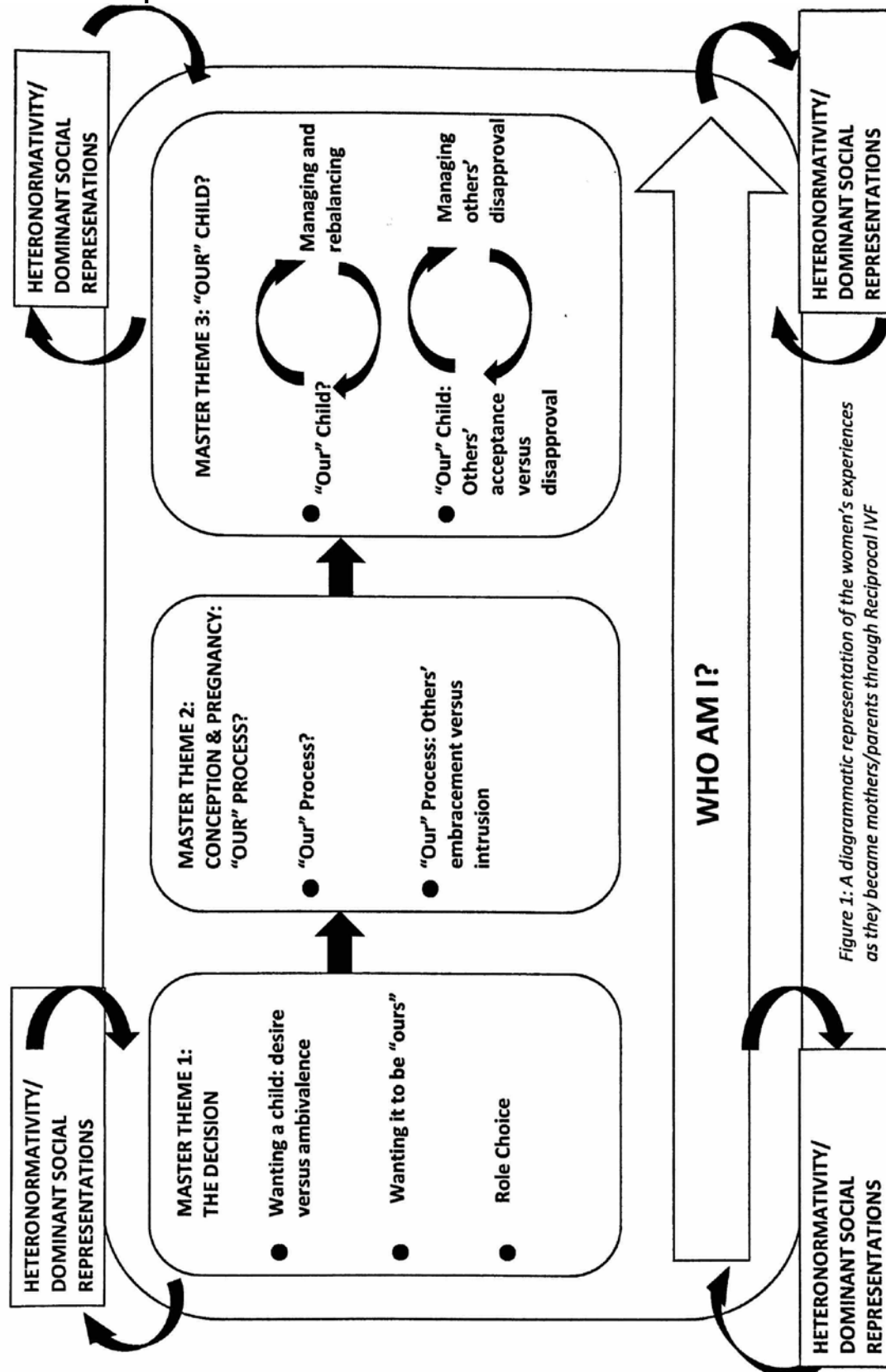


Figure 1: A diagrammatic representation of the women's experiences as they became mothers/parents through Reciprocal IVF

Appendix N: Pen Portraits of Participants

Amelia

Amelia was born and raised in the UK and was living in an urban centre with her partner and children at the time of her interview. She spoke about having realised she was “gay” during her teenage years, and coming out to her family in her early 20s. She explained that her parents were “fairly traditional” and described how they had struggled to accept her sexuality. She said that it had taken a long time for them to come to terms with it, and questioned whether they still fully had. As a result, she explained that they had really struggled to “get their heads around” the idea of her and her partner having a child together, as a same-sex couple. However, she further described how, when her parents saw the scan photos and met their son after he was born, they came to be more supportive and accepting.

Amelia described how she had not always wanted or planned to have children, and how she had enjoyed building her career and travelling during her 20s and early 30s. She explained that the decision to try came after she and her partner hit their mid to late 30s and felt like they had to make a decision “before time ran out”. She explained that they both felt they had achieved a lot of the other things that they desired from life and would enjoy embarking on this new adventure together; it was very much a decision they made as a couple and because they were a couple.

Amelia worked in a scientific field and described really enjoying her career and taking a lot satisfaction and pride from her professional success. She seemed to be socially and politically aware of the context and culture of the UK, as well as other countries around the globe, and described the injustice she felt when those who are different, and who deviate from the norm, are side-lined and discriminated against. She described feeling like something of a trailblazer, having been the first of her friends to get a civil partnership and have a family with a same-

sex partner, and how she hoped that in being the first she might show others how it can be done, and help change mind-sets and ultimately, society.

Andi

Andi was born and raised in the UK, and at the time of the interview was living in a British urban centre with her partner and their children. She described growing up as the youngest child in a large family and explained that she had “always known” about her sexuality. She described identifying as “lesbian” and explained that her family had always been supportive and how her sexuality “was never really an issue” for them. She further described how they had been supportive of her and her partner having a family, though as her parents were aging and all her older siblings had already had children and families of their own, they did not meet up and were not as hands on as she would perhaps have liked.

Andi explained that she had felt very ambivalent about having children, and that her decision to have them had been heavily influenced by her partner’s strong desire. She was very open about both the joys and challenges of parenting during the interview, and described the aspects she really enjoyed and times she had struggled. Andi further explained that whilst being a parent was an important part of her, it was not all she was, and that it was hugely important to her to not lose the other aspects of herself and her life, such as her friends, hobbies and work; she described one of her worst fears being the kids reaching 18, leaving home and her having nothing else in her life because she sacrificed it all. Andi described herself as a very pragmatic person, and this seemed to be reflected in her interview and account of her experiences and how she thought about and managed them.

Eileen

Eileen was in her mid 30s and living with her partner and their twins in an urban centre at the time of her interview. She had grown up in the UK and described having good familial relations and her parents and sibling as being supportive of her. Eileen described how she had met

her partner at university, and how they had followed a “fairly conventional path”, choosing to build their careers before getting married and then trying for a family. Eileen explained that they had always wanted a family together, and that when the time came, Reciprocal IVF was the obvious decision for them. She described how they had both been very keen for different roles in the process, with her wanting to carry the pregnancy and her partner wanting to share her eggs, but that after four painful years of unexplained failed attempts and miscarriages, they decided to try the other way around. She seemed very philosophical about this and described how she now felt that swapping roles had been a great opportunity for them, as otherwise she fears they may have fallen into “traditional roles”, with her staying home to care for the kids whilst her partner worked. She explained that by conceiving in this way, in the roles that they ultimately assumed, they were forced to really think about how they wanted to parent and mother together and she seemed to really value and be proud of her and her partner’s equal division of labour.

Eileen described feeling very happy and fulfilled in her career in education, and how she enjoyed balancing this with her role as a mother. She appeared to be quite socially and politically aware of the context within which they were raising their children, and how these forces had shaped their decisions and experiences. Her awareness of these together with her professional interests seemed to have encouraged her to take part in this research, and to be hopeful that it might inform positive change.

Jade

Jade was in her late 20s and had been with her partner for several years when we met they decided to try for a family. She described having grown up in a supportive family, headed by her mother and step-father and that she had always wanted to have her own family one day. She described her excitement when she and her partner decided to try, and the difficulties and upset they experienced as they tried to conceive through IUI for a couple of years, prior

to trying via Reciprocal IVF. Jade had a new and developing career in the public sector, and this appeared to have been a long-time ambition that had required a lot of work, and was a source of great pride. Their family had moved across the UK relatively recently for her work. Jade described really enjoying balancing motherhood with her career, however also described experiencing “mummy guilt” on occasions when she was away with her work.

Jade expressed her hope for more children in the future, that she would likely carry as her partner was several years older than her. She explained that she had not really spoken to many people about her experiences, as she and her partner did not want others to focus on who was or was not genetically or gestationally related to their daughter, and seemed to really value the opportunity to share them during the interview.

Jo

Jo lived with her partner and her son in an urban centre in the UK. She grew up as part of a nuclear family, and described having good relationships with her family and supportive friends. Jo described having had a very strong desire to be mum, and an interest in being pregnant, but that her partner's desire to carry her baby meant she assumed the role of the egg donor. She expressed a sadness that because of being a “lesbian”, she would never be able to have a child with a partner that was half genetically hers, and half generically theirs.

Jo described enjoying her work in the business field, but also expressed her regret at not having been able to take more time off after her son was born, due to financial reasons. She described compressing her work hours and doing all she could to maximise opportunities to spend time with her son and seemed much happier having done so.

Jo spoke passionately about the injustices she perceived there to be in society, and specifically about how women, and non-heterosexual families are discriminated against. She expressed her sadness and frustration at the tendency for official forms to assume families

are headed by a mother and a father and spoke about how problematic paperwork such as marriage certificates that do not currently include anything about any mothers, is.

Whilst she described encountering struggles and challenges during her journey to motherhood, she spoke passionately about her son, and her love for him.

Kyo

Kyo was born in eastern Asia and grew up there in an urban centre before coming to live in the UK in her early 20s, where she has remained since. She described having been raised in a traditional Asian household by “straight parents” who struggled to accept her sexuality, which she described as “fluid/queer”. She explained that she had also struggled to accept herself, and described herself as having been “quite a tortured soul” during her teenage years and 20s; she reflected that she thought this was linked to the culture she grew up in. As a result of her struggles, Kyo explained that she had engaged in “quite a lot” of psychological therapy over the years which she had found helpful, and prompted her interest in this research, as it was undertaken by a trainee therapist.

Kyo explained that she had always thought she was not very good at relationships, and that as a consequence, she had not expected to settle down with anyone, nor have children. In contrast, she described her partner as having been very passionate about having children, and explained that she had tried to fall pregnant for some time via AI and solo IVF. However, after unsuccessful attempts to have her own, Kyo explained that her partner had asked her for her help and how they had decided to try together, through Reciprocal IVF. Kyo explained that after their daughter was born, she felt she had had to learn to be a good mum, and that it had not “come naturally” to her, but described feeling very much that she was one now. She also described how having children had really changed her and her lifestyle, and how her friends joked that they did not recognise her in jeans and at child-friendly restaurants. Whilst she described enjoying motherhood, she also expressed how at times she missed her old

style of living and all the travelling she used to do. Kyo had a successful career in a creative industry and described really enjoying her work. Due to her desire to be around to help care for their kids, and be an “equal” parent, she explained that she had reduced her hours to part-time.

After their first child, Kyo and her partner went on to have two more, again through reciprocal IVF with her being the egg donor. She described how having their children had helped improve her relationship with her parents, though she explained that she still felt it was somewhat strained; sadly her mother died two years after their first child was born. It seemed that she had built a family of friends in the UK, who were her main sources of support. Kyo was very interested in learning about the findings from the study, and about how others who had assumed the same role as her had experienced the process.

Sarah

Sarah described growing up in an urban centre in the UK, and that she continued to live nearby with her partner and daughter. Her family also lived in the area and she said that she shared close relationships with them. She described their friends and family as having been supportive and welcomed her and her partner’s decision to have a family together. Sarah described how having a child had pulled them into the local community and meant they knew more people living near to them, which was “lovely”. However, she further explained how they were the only same-sex couple with a child in the nearby area, and that this meant that she did not feel she had anyone to turn to who could fully understand when she was struggling. Sarah explained that it was because she had struggled and because she had no one in a similar position to turn to, and also because there was a complete lack of information available about experiences of conceiving in this way, that she had wanted to speak to me as part of this research. She explained that she felt she could really benefit and help others through sharing her story.

Sarah described enjoying her job, and finding it fulfilling, but wishing she could afford to work a little less and spend more time at home with their daughter whilst she was young. At the time of the interview, her partner was pregnant with their second child, who had been conceived in the same way as their first.

PART TWO: PUBLISHABLE PIECE

‘Doing Family’ through Reciprocal IVF: An Exploration of how LGBTQ+ Women Experience becoming ‘Genetic Mothers’

5.1. FOREWORD

This article has been written with the intention to submit it for publishing in *Feminism & Psychology*. Consequently, it has been composed and formatted in line with the journal's guidelines and requirements; a copy of the submission criteria can be found in Appendix P. Notably, some formatting changes have been made in keeping with the thesis guidelines.

This specific journal was selected for several reasons. Firstly, the article discusses key findings from the research study presented in Part One of this portfolio, which shares the journal's commitment to psychology, feminism and intersectionality. More specifically, the article discusses the ways in which the women's experiences of becoming 'genetic mothers' through Reciprocal IVF appear to have been shaped by dominant heteronormative understandings of family, and argues that these have significant implications for all psychological practitioners in terms of their work with clients and responsibilities to advocate for social justice. It seeks to inspire them to address the social inequalities highlighted by the study and act as an impetus for social change, which is in line with the journal's stated objectives. Finally, the journal has a high impact factor and a wide, global audience and it is hoped that this will maximise awareness of the issues discussed and best advance the desired social change.

5.2. ABSTRACT

This paper presents a synopsis of the main findings from a research study exploring the experiences of LGBTQ+ women in same-sex relationships, as they became ‘genetic mothers’ after conceiving through Reciprocal IVF with their partners, who became ‘gestational/birth mothers’ to the same child. Data were collected from seven participants using semi-structured interviews and analysed using Interpretative Phenomenological Analysis (IPA). The analysis suggested that despite cultural and legal shifts over the past few decades that have recognised the rights of, and outlawed discrimination against, LGBTQ+ individuals, heteronormativity remains a powerful societal force and that it had a significant impact on the participants’ decisions, experiences and how they made sense of them. Insofar as the women aligned with heteronormativity, this appeared to support their senses that they had had a baby together *with* their partner, that was ‘theirs’. However, it appeared that where they transgressed heteronormativity, they were subject to micro-aggressions, hostility and rejection, that many found distressing. Their senses of who they were also appeared to have been heavily influenced by dominant heteronormative discourses. Implications for psychological practitioners are discussed in terms of their work with clients and responsibilities to advocate for social justice. Reciprocal IVF is further considered in the context of debates on the politics of parenting and contrasting lesbian feminist perspectives to the approach are discussed. Suggestions for future research are made.

Key Words: Reciprocal IVF, motherhood, heteronormativity, queer theory, social justice

5.3. NOTE FOR READERS

It is recognised that there is an absence of clear language to represent those whose

experiences this study seeks to better understand. Due to a need to make a decision about language “for the purpose of research and knowledge dissemination” (Abelsohn, Epstein & Ross, 2013, p.7) carefully considered choices have been made. The researchers are fully aware of the implications of these. To explain further, women in same-sex relationships vary in their language preferences. The term ‘LGBQ+’ has been used in this article because it reflects the preferences of the women who participated in the study, and is inclusive and respectful of different ways in which individuals that may choose to conceive through Reciprocal IVF and to whom these results may be potentially very relevant, identify (Griffith et al., 2017). In addition, as it is necessary to be able to distinguish between the women within same-sex couples as they create their families through Reciprocal IVF, the terms ‘genetic mother’ and gestational/birth mother’ (Pelka, 2009) have also been used. Whilst they arguably reduce the women to these characteristics and fail to acknowledge the other ways in which they mother, they were chosen as they avoid defining the women by what they are not (Brown & Perlesz, 2008). Furthermore, whilst it is recognised that, due to cultural connotations, not all of those who conceive through Reciprocal IVF will feel that the terms ‘mother’ and/or ‘woman’ accurately reflect their lived experiences (Padavic & Butterfield, 2011; Pagenhart, 2006), they have been chosen as other terms are similarly problematic and these reflect the preferences of the majority of the study’s participants. The term ‘parent’ is additionally used at times to remind readers of diversity in label preference.

5.4. INTRODUCTION

The era of the traditional nuclear family, headed by a heterosexual married couple is over; there is no such things as a ‘typical’ family anymore (Cohen, 2014; Golombok & Tasker, 2015). Since the 1970s, profound shifts in family structures have meant the traditional, heterosexual nuclear family is now in the minority and that family diversity is the new normal (Walsh, 2012); as Golombok and Tasker (2015) noted, there are “a growing number of children being raised by cohabiting, rather than married, parents, by single parents, by stepparents, and by same-

sex parents, with many children moving in and out of different family structures as they grow up” (p.1). In addition, Moller and Clarke (2016) have highlighted the more recent emergence of new forms of family, such as those created through embryo donation, and voluntary childlessness. With regards to same-sex parents, just a few decades ago “the concept of gay and lesbian families was widely viewed as an oxymoron” (Patterson, 1994, p.62), however today there are an estimated 190,000 same-sex couple families in the UK, and this number is expected to continue to rise (ONS, 2017).

Shifts in social customs, legal developments and advancements in reproductive technology in the UK over the last few decades have facilitated the growth of ‘planned’ LGBTQ+ families, where children are conceived (either biologically or as an idea where adoption is used) within the current LGBTQ+ relationship, with the intention of raising them within the family context (Golombok, 2000; Pelka, 2009). In 2005, adoption became legal for same-sex couples, and as a consequence of the Human Fertilisation and Embryology Act 2008 and Civil Partnership Act 2004, it has become easier for LGBTQ+ couples to secure parental rights for any children conceived through Artificial Insemination (AI) and Reciprocal In Vitro Fertilisation (Reciprocal IVF), where one partner shares their eggs, which are fertilised using donor sperm and subsequently transferred to the other partner, who then carries the pregnancy and gives birth (Pelka, 2009). Additionally, in February 2013, NICE Guidelines that recommended NHS fertility treatment be available to same-sex couples were published.

However, despite individuals ‘doing family’ (Morgan, 1999; Hudak & Giammattei, 2010) in increasingly different ways, heteronormativity, which advances “gender conventionality, heterosexuality, and family traditionalism as the correct way for people to be” (Oswald, Blume & Marks, 2005, p.143) continues to be a commanding force in Western society (Ludwig, 2011). Research has revealed that whilst becoming a mother can be a challenging time for all women (see Barclay, Everitt, Rogan, Schmied & Wyllie, 1997; Choi, Henshaw, Baker, & Tree, 2005; Holloway, 2001, 2015; Laney, Lewis Hall, Anderson & Willingham, 2015; Mercer, 2006; Miller,

2005, 2007; Oberman & Josselson, 1996; Rubin, 1984; Ruddick, 1994), it can be particularly so for LGBTQ+ women as they “navigate the usual challenges of motherhood alongside the adversity of birthing and raising children in a heteronormative societal context” (Hayman, Wilkes, Halcomb & Jackson, 2013, p.121. See also: Dunne, 2000; Hequembourg, 2004; Hequembourg & Farrell, 1999; Perlesz & McNair, 2004; Webber, 2010).

For example, as a consequence of dominant heteronormative family ideologies that affirm biological relatedness as critical to the establishment of genuine families and true mother and parenthood, in LGBTQ+ couples that conceive through Artificial Insemination (AI), only one partner may be socially and culturally recognised and treated as a mother and parent, and depending on where and when they conceived, only one of them might be legally recognised as such (Ben-Ari & Livni, 2006; Clarke, 2008; Dunne, 2000; Muzio, 1999; Ryan & Berkowitz, 2009). Such inequalities have been found to mean that non-birth mothers can feel further marginalised, excluded and invisible (Hayman & Wilkes, 2017; Hequembourg & Farrell, 1999; Paldron, 2014; Wilton & Kaufman, 2001; Wojnar & Katzenmeyer, 2014). Notably, within the UK, where this study was based, the amended Human Fertilisation and Embryology Act 2008 introduced ways for LGBTQ+ ‘non-birth mothers’ to automatically establish their legal parenthood (Nordqvist, 2012; Stonewall, 2015).

As a result, it has been argued that LGBTQ+ couples who conceive through AI make decisions that seek to legitimise the non-birth mother and promote connectedness and kinship (Hayman, Wilkes, Jackson & Halcomb, 2013; Nordqvist, 2010); for example, some couples have reported matching the physical characteristics of the sperm donor with the non-birth mother. Melville (2016) has suggested that such decisions support the “hegemonic notion of ‘sameness’” (p.6) and consequently asserted that, in addition to recognising how LGBTQ+ led families challenge dominant conceptualisations of family, kinship, motherhood and parenthood, we need to consider how LGBTQ+ women are making decisions that accommodate and align with them: “lesbians not only recognise heterosexual norms, but

choose to adopt them in order to make things easier, given being a lesbian parent ... presents enough challenges" (Melville, 2016, p.6). Her work intersects with Folgerø's (2008) study, which found that as they create their families, same-sex couples "simultaneously transgress and reproduce heteronormative assumptions about children, fatherhood, motherhood, family and kinship" (p.124). Consequently, from a political standpoint, whilst some lesbian feminists view some of the ways in which same-sex couples create and do family as examples of 'radical lesbianism', in which they rebel against, challenge and transform the institution and practices of family and motherhood, others consider them to be regressive and as colluding with heteronormativity (Clarke, 2005).

Related to this, Pelka's (2009) study on maternal jealousy in 'lesbian-led' families suggested that conceiving through Reciprocal IVF may help them to overcome some of the challenges experienced by those who conceive through AI, through creating the perception of equitable biological motherhood: "knowing that one is either the genetic or birth mother of one's child appears to ameliorate emotional insecurities that often arise in the face of the public's challenge to one's maternal legitimacy as a non-biological parent" (p.213). However, since Pelka's study, there has been little research on the experiences of women who conceive through Reciprocal IVF, and consequently much about their experiences remains unknown.

In addition, scholarship on the experiences of conceiving through IVF and donor conception seems to further highlight the importance of attending to these women's experiences. For example, Zeiler and Malmquist (2014) noted that empirical studies have revealed that women "can experience IVF as a traumatic and in other ways emotionally turbulent means to achieve a pregnancy" (p.349) and several other scholars have found the process of trying to conceive through IVF as being associated with anxiety, stress and depression (Allard, Séjourné & Chabrol, 2007; Dunkel-Schetter & Lobel, 1991; Verhaak, Smeenk, Evers, Kremer, Kraaimaat, Braat, 2007). Furthermore, Ragoné (1994) and Becker (2000) also reported that heterosexual couples who undergo IVF with egg or sperm donation can experience their unequal genetic

ties to their offspring as resulting in emotional complexities, such as jealousy and resentment, and studies on the experiences of same-sex couples in which only one of the women is genetically related to the child have suggested that this imbalance can be a significant challenge and affect the relationship between the couple, in addition to the relationship between the non-genetic parent and child (Hequembourg & Farrell, 1999; Paldron, 2014; Pelka, 2009; Wojnar & Katzenmeyer, 2014).

This research study sought to close this gap in the literature and advance our knowledge through investigating these women's journeys to mother and parenthood. It asked the question 'How do LGBTQ+ women experience the process of becoming 'genetic mothers' through Reciprocal IVF with their partners?' The intention was to give a voice to a group of women who have thus far been ignored and to generate findings that readers can use and relate to their own personal and/or professional experiences (Smith, 2008). It is hoped that the outcomes will enrich the work of psychological practitioners, as well as other professionals involved in the care of women who conceive through Reciprocal IVF, and furthermore, that they will be informative and helpful for LGBTQ+ women who have already had a family in this way, or those that are considering it.

5.5. METHOD

5.5.1. Participants

7 participants in LGBTQ+ first families who had conceived a child with their partner through sharing their eggs, which were fertilised with donor sperm and subsequently transferred to their partner who then carried the pregnancy (a process called Reciprocal IVF) were recruited. Their child had to be at least one-year-old at the time of the interview, as research has suggested that the initial transition to motherhood has usually been made by this time, and

that having learnt some of the tasks and activities of mothering, women tend to enjoy better psychological wellbeing and a sense of confidence by this point (see Barclay et al, 1997; Laney et al., 2015; Mercer, 2004; Miller, 2007). As the group for whom the research question was significant was hard to reach, purposive sampling (Smith & Osborn, 2003) was used. Multiple recruitment strategies were employed, and these included but were not limited to advertising in UK-wide parenting magazines (both general and LGBTQ+ specific), fertility clinics, online forums such as 'Gingerbeer' and 'Fertility Friend', and on notice boards in parks, community centres, libraries throughout the country, and on radio. Those who felt they had something meaningful to contribute self-selected.

Demographic Characteristics of the participants were as follows. 7 participants aged between 28 and 43 year olds (SD 5.8) took part. 6 of these identified as 'White British' and 1 as 'Asian'. 4 were in civil partnerships, 1 was married and 2 were cohabiting with their partners. 3 of the participants had 2 children, 3 had 1 child and 1 had 3 children. Their children aged in range between 13 months and 7 years. All 7 participants had degrees and 5 had further postgraduate qualifications.

5.5.2. Procedure

Ethical approval was obtained from City University, London and the research was conducted in line with HCPC and BPS codes of ethics. After participants made contact, they were briefed on aims of the research and what taking part involved, before written consent was acquired. Data were then collected by the first listed author using face-to-face semi-structured interviews that sought to obtain detailed accounts of the participants experiences; these were audio-recorded with the consent of participants. An interview schedule that sought to facilitate and guide the participants, but not dictate to them, was devised and the main questions were deliberately open, expansive and neutral and phrased as "can you tell me about..." to encourage them to share their experiences and aspects of them that were important to them

in their own way (Smith et al., 2009). Interviews lasted, on average, between 1½ - 2 hours. Throughout, the study sought to adhere to Yardley's (2000) criteria for assessing the quality of qualitative research.

5.5.3. Researcher

The first author was the primary researcher in this study and responsible for its design, and collecting and analysing the data. As qualitative researchers are considered to be inevitably implicated in their studies and the knowledge they generate, they are encouraged to consider and highlight their involvement and its impact, to aid reader interpretation (Nightingale & Cromby, 1998; Willig, 2013). The first author shared similarities with the participants insofar as she was a mother who had conceived through IVF. However, she also differed as she was both the biological and birth mother to her children, and conceived through standard IVF with a male partner.

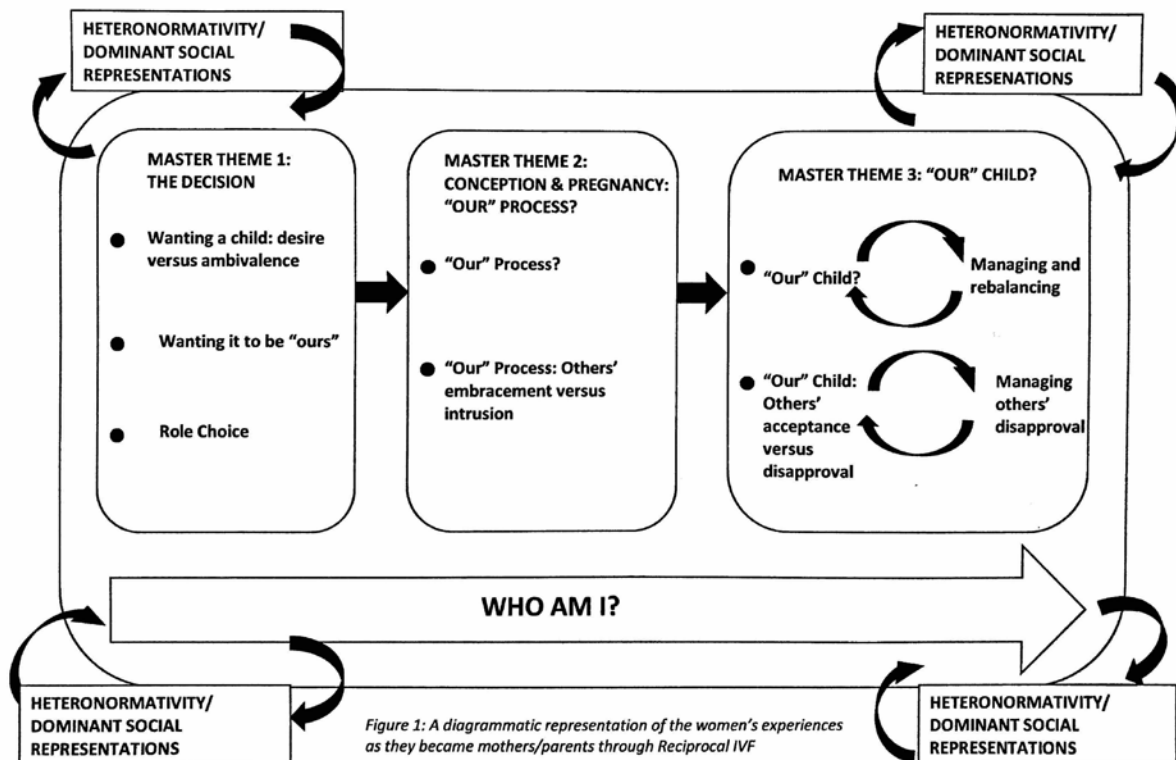
5.6. ANALYSIS

The data were analysed using Interpretative Phenomenological Analysis (IPA) (Smith, 2017; Smith, Flowers & Larkin, 2009). This approach seeks to understand how individuals make sense of their life experiences, and its idiographic nature meant it was ideal for capturing the complexities of the participants' experience and similarities and diversity between them (Chan & Farmer, 2017; Smith & Osborn, 2003). The analysis comprised of several stages. Firstly, the interviews were transcribed verbatim. Following Smith and Osborn's (2003) and Smith et al.'s (2009) recommendations, the transcription was at the semantic level and all words spoken by both the researcher and participant, including false starts, were included. Notable non-verbal utterances such as laughter, significant pauses and hesitations were also noted.

The transcripts were then read and re-read before initial thoughts and impressions were noted in the left-hand margin (Smith et al., 2009; Smith & Osborn, 2003; Willig, 2013). Next, succinct phrases that captured emerging themes throughout the text were noted in the right-hand margin. Then, these emergent themes were listed on paper, and links between them identified. As groups of themes emerged, the initial transcript was frequently referred back to, to ensure the connections made sense with the actual words of the participant, and in this sense the analysis was an iterative process. Subsequently, a summary table containing these clusters of themes and giving them superordinate theme names was then produced for each participant. Finally, the superordinate themes for each participant were amalgamated into master themes that conveyed the experiences of all the participants, as a group (Willig, 2013).

5.7. FINDINGS

Following an Interpretative Phenomenological Analysis on the collected data, four master themes emerged, which, with their constituent superordinate themes and emergent themes are represented in Figure 1 on the next page, which demonstrates how they fit together.



During the process of analysis, it became evident that throughout their journeys to mother and parenthood, the participants' decisions, experiences and how they made sense of them had been heavily influenced by the heteronormative cultures and contexts within which they had been socialised and presently lived. This dimension of heteronormativity appeared to be embedded in all of the themes, and this section seeks to illustrate some of the most significant ways it appeared to impact upon the women as they became parents. It has been organised in a way that allows for a flowing narrative and to enable readers to consider its impact during the course of the participants' transitions to mother and parenthood. Pseudonyms are used to protect confidentiality.

5.7.1. The decision: wanting a baby that's "ours"

All of the women described wanting a child that was "ours", meaning theirs and their partner's

together. For many of them, it seemed that this was a matter of physically creating a baby together, between them, and that this was their primary reason for choosing to conceive through Reciprocal IVF. As Jo explained:

“Intellectually it was like, actually that’s the closest we could get to having a child between the two of us, and that became quite important to us.” (Jo)

Jo’s use of the word “closest” seemed to suggest that they had considered other methods of conception but had chosen Reciprocal IVF because it was the one that *most* allowed them to feel they were having a child together. Given that the aspect of Reciprocal IVF that distinguishes it from other methods is the physical involvement of both of the women in the creation of the child, it appeared that their decision was driven by a desire to physically create a baby together, and that this was hugely important to them. It seemed that their understanding of what it meant to have a child together might have been shaped by dominant heteronormative discourses, which hold that a child is created between a man and a woman when they combine their genetic material, and it could be suggested that their decision to conceive through Reciprocal IVF was a way of aligning themselves with such discourses. Similarly, Eileen, Amelia and Andi explained:

“What that did was open up a kind of opportunity to both feel, you know, you know that we were making a baby together.” (Eileen)

“We thought it was a nice well-rounded way of being like typical parents [...] where both of us are involved.” (Amelia)

“We thought it was a nice kind of thing to do, between the two of us.” (Andi)

Notably, Jade, who had been raised by a step-father, questioned the emphasis society places

on biological kinship, and together with her partner had only turned to Reciprocal IVF after several unsuccessful attempts to conceive via AI, commenting:

“It was also kind of, the baby would be a little of both of us.” (Jade)

It seemed that the fact that she and her partner were physically creating a baby together might have added to or secured her sense that the child was ‘theirs’. Thus, whilst the participants were choosing to build their own narratives of family, in line with radical lesbian theories, it could be advanced that they were still being influenced by dominant heteronormative discourse and culture.

5.7.2. The conception and pregnancy: “our” process

In line with their hopes and desires, it appeared that for all the women, physically creating a child with their partner supported their sense that they were involved in and going through the conception and pregnancy together and in this respect that it was ‘their’ process; though notably they did differ in the extents to which they felt this. For example, Sarah explained:

“It was our process [...] we were sharing.” (Sarah)

Through emphasising “our”, she seemed to suggest this was central to her experience and hint at how important it had been to her. She further explained:

“I definitely felt a part of [the pregnancy] because it felt like, um, you know, she was my little girl and I think again, glad of the attachment I felt to her, sort of, quite aware that had we done it the other way, would my partner have felt that attachment not having a genetic connection?” (Sarah)

Her comments suggested that she had also felt involved in the pregnancy because she felt emotionally attached to her daughter. Her uncertainty about whether her partner would have experienced the same attachment if they'd had to conceive through IUI (which was their back-up plan if Reciprocal IVF did not work, and which would have involved Sarah being both the genetic and the gestational mother) suggested she thought her attachment and sense of involvement in the pregnancy might have been due to her being the egg donor and her genetic connection to her daughter.

Similarly, it seemed that sharing her eggs also meant Kyo felt a part of the conception and pregnancy, and this appeared to be in sharp contrast to her previous experiences when her partner had tried to conceive through standard IVF with her own eggs:

"There was that whole process of [partner's] egg with somebody else's sperm, so I was more of an outsider, you know, just kind of feeling sorry for her that it doesn't work [...] but with [child], because it was a part of me and I went through a whole process, so I was more invested [...] it was much more excitement because you know that it's your egg inside." (Kyo)

Her words, tone and facial expressions seemed to reveal the significance of her new 'insider' status.

Amelia appeared to differ from some of the other women as she seemed to feel less involved and less like she was going through this stage together with her partner:

"I think until [the birth] I was an important bystander and I'd played an active role, which was great upfront, but I was still a bit of a bystander." (Amelia)

Nevertheless, it seemed that she did not feel like a total outsider and that sharing her eggs

had meant she felt part of the conception, and also the pregnancy, to an extent. She appeared content with this reality and one might wonder to what extent her sense of being involved (to a degree) and genetic connection supported this.

It appeared that insofar as the women accommodated heteronormativity, this added to their senses that they were expecting a baby together with their partners and that this had had a significant impact on their feelings about becoming mothers and parents. Their experiences seemed to highlight how they were straddling the tension between creating their families through radical lesbian practices and accommodating heteronormative societal expectations.

5.7.3. After the birth: “our” child

The women's accounts further suggested that both them and their partner being physically involved in the creation of their child had contributed to their sense that they had had a child between them, that was ‘theirs’. As Jade explained:

“The joke in the house is if she does something naughty, it’s like ‘oh she gets that from you’, or vice versa, so ‘she gets that from you’ and I’m like ‘well you cooked her, I didn’t order her that way’ [laughs] [...] so it’s good, there’s never a thought process of ‘oh she’s not yours, she’s not’, it’s not about that, she’s ours, we made her.” (Jade)

Her tone, laugh and words combined seemed to convey her delight with this. Similarly, Eileen appeared to have felt that they had had babies together:

“You just have to say: ‘oh it’s [children’s name] mummies are here’.” (Eileen)

And that their mutual physical involvement during the conception and pregnancy had been

central to this:

“If you weren’t on the list of people who’d done something [conception] [...] that for some people that [...] takes a different kind of intellectual and emotional step, which may have been beyond me I think.” (Eileen)

It seemed that having a physical role had been incredibly important for Eileen and critical for her emotional wellbeing.

Jo’s comments also suggested that both her and her partner being involved in creating their son had encouraged her sense he was ‘theirs’:

“There was a lovely, lovely training midwife who wrote the notes out and had referred to me also as mother [...] and someone had actually gone through and changed that to ‘wife’ and ‘mother’s guest’ [...] Mother’s guest was just not accurate let’s just say, given that I was actually the biologically mum as well as his mum, not his only mum, but one of them”. (Jo)

For her, it appeared that her genetic link had contributed to her sense that she was her son’s mother. One might wonder what the impact of this experience might have been had she not had this and not been the “biological mum. Furthermore, it seemed of note that whilst some of the participants made occasional references to the sperm donor, they did not reflect or talk at length about the donor’s place or role in the creation of their families.

5.7.4. Others’ reactions: acceptance versus rejection

All of the women described others’ reactions and behaviour toward them throughout their journeys to mother and parenthood. Some described others as having been very supportive of their decisions to create a family through Reciprocal IVF:

“They’ve been supportive [...] immediate family have been very accepting.” (Andi)

“They were fantastic.” (Jade)

The delight in Andi and Jade’s words and tones seemed unmistakable.

In contrast, some of the other women described experiences in which they felt others did not recognise and accept their way of doing family. For example, Kyo described an occasion when a couple of mothers reacted negatively towards her and her partner:

“They are criticising the way we have our babies.” (Kyo, 2051-52)

In the context of this story, she further reflected:

“Sometimes I feel like mothers can be quite harsh on other mothers and I decided that I would never make a judgment on any other mothers, because you never know what’s going on.” (Kyo, 2037-41)

Her comments seemed to suggest that she felt that they had been harshly judged by other mothers and that she had been upset by their criticism.

In a similar vein, Eileen described how their antenatal group leader repeatedly failed to recognise her as a mother-to-be in their classes:

“She would say ‘mums over here’ and then she would say ‘dads’ and sometimes she would say ‘dads and birth partners’ which is not what I... you know... [...] I really felt there was no version of me as a mum in this room.” (Eileen)

“That was a genuinely upsetting experience [...] I felt like this is the kind of thing where you would sue them basically [...] it’s kind of that level of discrimination.” (Eileen)

It seemed that the antenatal professional may have had a traditional, heteronormative view of what it meant to be a family and mother that she struggled to see beyond, and that Eileen had found her behaviour to be deeply distressing. Amelia and Jo also described occasions when they experienced others as unsupportive and unaccepting:

“You always encounter people where you start introducing your family and then you see them tick a bit and then It’s like, our kids are right there.” (Amelia)

“They all assumed I’m his carer, so assumed that I’m his nanny [...] so then I’ve had to go ‘no, I’m his other mother’ and it’s.... you get some really odd reactions.” (Jo)

“It’s almost like there’s an injustice about it as well, because he is, you know [...] because he is genetically mine, it’s like ‘well no, he is my child’ [...] I do think it impacts you. Unfortunately, I do think it makes you feel a little bit less of his mum.” (Jo)

The negative impact of others’ reactions to them, on both of their emotional states and Jo’s sense of who she was, seemed evident.

Whilst the women’s experiences of others suggested that popular understandings of what it means to be a family, and associated understandings of what it means to be a mother, are evolving, traditional, heteronormative ideologies continue to pervade society and engender prejudices and deeply problematic behaviours toward families that differ from these. Where the women encountered these, they appeared to have been deeply affected.

5.7.5. Who am I?

The women appeared to vary in terms of who they felt they were at the time of their interviews. Several described feeling like mothers. For example, Jade and Sarah commented:

“I’m his mum, of course. I donated my eggs, of course, I’m bringing up this child.” (Amelia)

“I am a mum, and I’ve been able to be a part of, genetically a part of my little girl.” (Sarah)

It appeared that for both of them, having a physical role in creating their child contributed to their senses that they were mothers. Whilst Jo similarly described feeling like a mother, she appeared to feel less secure in this:

“To a degree I see [partner] more as his mother because she gave birth to him, and I think that’s, I think I liken what I did to what a guy would normally do, I’ve given her genetic material to create our child and so from a traditional perspective she’s more of a mother.” (Jo)

It appeared that heteronormative understandings of family, and the mother and father roles, had shaped her sense of who she was and her tone and demeanour conveyed a real sadness about this. These dominant discourses also appeared to have influenced Andi, though she seemed to differ in how she identified:

“I saw myself as a parent, I don’t, you know, really define myself as, see a difference between the mother/father role... [partner] probably would because she gave birth to them.” (Andi)

Kyo differed from all the other women in terms of who she felt she was:

"I will always think of myself as partly father, partly outsider, you know it's that sort of special.... I wish there was a name for it actually, if you can come up with a name for it after this research cos I just don't feel like... it doesn't quite... it doesn't quite... and also it'd be easier on Google research if there's a name for it then I could just [...] something between a mother and a father maybe."

"I think it has something to do with me feeling like that as a person anyway, without even the baby, probably somewhere in-between [...] or something different... I think if I had carried the baby I would feel like a mother I suppose." (Kyo)

Her comments suggested that her sense of herself as being "somewhere in-between" a mother and a father was influenced by traditional understandings of what it means to be a mother and also her sense that she was neither binary male or binary female. Notably, her comment that she was "special" implied that she felt happy and was not distressed by the fact she did not feel like a mother. Nevertheless, her desire for a term that she could type into Google seemed to suggest that she had wanted to access information or support about her role as someone who donated their eggs to their partner through Reciprocal IVF, and that she had not been able to. One might wonder what impact this lack of information might have during one's transition to parenthood.

It appeared that whilst the women constructed their own narratives about who they were, which could be seen as 'radical' and progressive because they had resisted traditional understandings and constructions of motherhood and family, these appeared to have been strongly influenced by heteronormative culture, discourse and language, which others might view as more 'retrograde' (Clarke, 2005). For some of the women, these heteronormative influences appeared to be problematic, as it seemed to mean they were continuing to struggle to make sense of who they were and struggling to access potentially helpful information and support.

5.8. DISCUSSION

By applying a queer lens to this study (Oswald et al., 2005), it is possible to see how deeply embedded heteronormativity is within society and people's belief systems, including the participants in this study, and to better understand the significant impact it appears to have had on their decisions, experiences and how they made sense of them.

For example, many of the women described choosing to conceive through Reciprocal IVF over other methods because it best allowed them to feel they were having a baby *together* compared to other methods. In addition, it seemed that for all of the women, both them and their partner having a physical role in creating their child contributed to their sense that it was 'theirs', and that they had become a family. Queer theory helps us to see how these decisions and experiences might have been shaped by heteronormativity, through conceptualising it as an ideology that promotes the 'right way' to do family as involving two parents physically creating a child together. Consequently, the women's decisions to conceive through Reciprocal IVF could be understood as aligning with dominant discourses on family and conforming with and reproducing heteronormativity (Folgerø, 2008; Melville, 2016; Oswald et al., 2005).

Scholars have suggested that adopting heterosexual norms can make life easier and minimise the risks associated with doing family too queerly, including facing rejection, hostility, threats and even violence, from self and others (Melville, 2016; Oswald et al., 2005), and this seems consistent with the women's accounts. To the extent that they reproduced heteronormativity by physically creating a child together, this appeared to help the women to see themselves and their partners as having become a family and parents together.

However, whilst both the women and their partners being physically involved in making their baby can be seen as having accommodated heteronormativity, insofar as they were two

women having a child together, rather than a man and a woman, they can be understood to have challenged the mother-father binary and resisted or transgressed heteronormativity (Folgerø, 2008; Oswald et al., 2005). In this respect, they could be viewed as radical feminists who had embarked on a profoundly different approach to parenting that allowed them to have a child on their own terms (Clarke, 2005). Similar to Oswald et al. (2005), Hudak and Giammattei (2010) have argued that those who dare to queer their family are subject to micro-aggressions which they define as “brief, commonplace, verbal, behavioural and environmental indignities” that include “invisibility, silence, intrusive questioning, and the limitations of language to describe the relationship and familial bond” (p.54), and these seem prevalent in the women’s accounts. For many of the women, these experiences appeared to have been incredibly distressing and undermined their senses of themselves as being legitimate mothers, parents and families. These experiences echo those of the non-birth mother in LGBTQ+ couples who conceive using AI (Ben-Ari & Livni, 2006; Paldron, 2014) and it seemed that, for the participants in this study, aligning with heteronormative discourses in some respects did not protect them from the consequences of transgressing it in others. This appeared to surprise some of the women and it seemed that some of them experienced a strong sense of injustice at not being recognised as a mutual mother after conceiving through Reciprocal IVF; as Jo commented: *“I feel quite um, short-changed when people make me invisible, because it’s like well actually no, we’ve made it all equal.... we’ve done ‘everything right’”*.

Conversely, insofar as they did transgress heteronormativity, this does not appear to have meant that they always encountered hostility and micro-aggressions, and many of the women described times when they felt others supported and accepted them as a family headed by two women. This suggests that despite its apparent power, some friends, family and professionals were able to resist heteronormativity and access and advance alternative family discourses. Thus, whilst the participant’s experiences seem consistent, to a degree, with literature that suggests LGBTQ+ individuals experience heterosexism and homophobia within healthcare, society, and their own families (Goldberg, Ryan & Sawchyn, 2009; Hequembourg

& Farrell, 1999; Ryan-Flood, 2009), they also add to them through demonstrating that this is not always the case. It is perhaps highly relevant that all of the participants were middle-class and well-educated and that all but one identified as white and British. One might wonder how the women's membership of these social categories, and the power and privilege they afford, intersected with their sexual identities and affected their experiences. Interestingly, whilst a couple of the participants remarked how lucky they felt to have the resources to be able to conceive in this way, most did not speak about their own social privilege and how this facilitated them conceiving through Reciprocal IVF.

Queer theory further enables us to recognise the women's tendencies to make sense of who they were using the terms 'mother' and 'father' as being reflective of the power of dominant heteronormative discourses on family. Some of the women's rejection of these terms appear to represent further challenges to these discourses and the mother-father binary, in line with radical feminism, whilst Kyo's struggles to find an alternative term seems to reflect the lack of language available to describe non-normative familial relations, which has been recognised in other studies (Brown & Perlesz, 2007; Padavic & Butterfield, 2011). Furthermore, through proposing that in heteronormative society gender and family (and sexuality) ideologies are fused together (Oswald et al., 2005), so that womanhood is often equated with motherhood (Frith, 2014), queer theory can help us to understand why so many of the women came to identify as mothers and the distress of some of those who did not fully feel like ones. Interestingly, it also allows us to understand Kyo's apparent lack of distress about not feeling like a mother, or a father, as being related to her sense that she was neither binary female, nor binary male.

Whilst this study's findings suggest that there has been some movement in the last quarter of a century since Warner recognised "the pervasive and often invisible heteronormativity of modern societies" (1991, p.3), it nevertheless appears that, despite significant legal developments and increasing awareness of same-sex families, heteronormativity continues

to be an authoritative force in Western society. Ludwig (2011) contended that this is due to its relationship with civil society. She suggested that as a consequence, the only way to successfully challenge and loosen heteronormativity's grip is through "intervening in hegemonic world-views" (p.59); she insisted that legal changes alone will be insufficient. She proposed that "transformations take place on the level of social micro-structures, through counter knowledge, counter practices and strategies of equivocation (Engel, 2002) that are the crucial battlefield for challenging heteronormative hegemony" (p.59), and therefore that we need to intervene in common, run-of-the mill practices such as advertisements and schoolbooks in order to queer heteronormative perspectives.

5.9. IMPLICATIONS FOR PSYCHOLOGICAL PRACTITIONERS

Whilst this study only claims to report on the experiences and understandings of the seven participants interviewed, its important insights are considered to have significant implications and be relevant and transferable to others who share salient characteristics with the participants. For example, through shedding light on the experiences of LGBTQ+ women who become mothers and parents through sharing their eggs with their partners via Reciprocal IVF, and revealing the apparent impact of heteronormativity on these, it can be used as a resource to inform the work of psychological practitioners with clients who have, are currently, or are planning to conceive in this way.

For example, the diversity in the women's experiences highlighted the importance of assuming a curious and not-knowing-stance in therapy. Related to this, through illustrating how powerful and problematic heteronormative discourses on family can be, this study highlights how important it is for practitioners to be aware of these and to reflect on their own understandings and heteronormative biases so as not to impose them on clients. Furthermore, it seems important that practitioners do not make assumptions about the motivations behind the women's choices to conceive through Reciprocal IVF and that they understand the tensions

between seeing Reciprocal IVF as a way to have a family by reconceptualising what it means to be one, and as a way to have a family that allows one to be part of the dominant discourses surrounding it. Consequently, they are advised to not assume that those who conceive in this way are either 'radical lesbians' or 'retrograde conformists', and to treat them as such. In addition, several of the participants described feeling surprised and not having expected some of the challenges and difficulties they faced, including not being recognised and supported as a legitimate parent and family, and struggling with their sense of who they were. Consequently, it appears important when working with clients who conceive in this way that they are encouraged to reflect on their own understandings of family, motherhood and parenthood, to consider their hopes and expectations for becoming a parent in this way, and reflect on what might interfere with them realising these. It may also be appropriate for practitioners to share some of the challenges that the women in this study experienced, for clients to reflect on, particularly if they struggle to envision potential threats. Furthermore, practitioners may invite and encourage clients to consider how they might manage potential or existent (depending on which stage of the process they are at) threats or difficulties. Practitioners may additionally consider introducing the concepts of heteronormativity, discourse and social representations, albeit in more accessible ways, to help clients understand processes that may be affecting them, as this may alleviate distress and help them to better manage the impact they have on them. Through educating clients in these ways, practitioners could answer, on a micro level, Miller's 1969 call to 'give psychology away', and help people to have a clearer understanding of who they are, who they could be and what choices they have, and "to have more control over their own behaviour and hence their own lives" (Banyard & Hulme, 2015, p.99).

In addition to these potential foci, which are mostly concerned with the process of conceiving through Reciprocal IVF specifically, practitioners should not overlook the well documented health, stress and emotional costs of trying to have a child through 'standard' IVF (see Allard, Séjourné & Chabrol, 2007; Dunkel-Schetter & Lobel, 1991; Verhaak, et al., 2007) and invite

clients to explore and discuss these; whilst participants did not talk about these at length, those who had experienced unsuccessful attempts to conceive and for whom Reciprocal IVF did not work on the first attempt did make reference to these and how challenging they had been. Furthermore, a handful of the participants explained that they had engaged in egg sharing schemes at their clinics, which involved them donating half of their collected eggs in exchange for significant reductions in the cost of treatment and ultimately allowed them to afford and have it. In light of studies that have found that egg donors can experience long term physical and psychological concerns that they attribute to having donated eggs (Kenney & McGowan, 2010), it seems that psychological practitioners are well placed to invite clients for whom this is relevant to explore their thoughts and feelings about engaging in this process and discuss the potential long-term impact of doing so.

Beyond the therapy room, psychological practitioners are recognised as having a responsibility to advocate for social justice (Fassinger & Morrow, 2013; Rafalin, 2010), and this study has implications for how they might do this. For example, the women's experiences of healthcare professionals, including therapists, doctors, nurses and ante-natal teachers, highlight the need for further training for healthcare professionals with whom individuals may come into contact with during their transitions to mother and parenthood, that promotes awareness and acceptance of the different and diverse ways that they do family. Furthermore, whilst it feels somewhat grandiose to suggest it, due to the relatively small scale of this study, there appears to be a very real need to promote change at a societal level through challenging heteronormative world-views. Drawing on Ludwig (2011), it appears that as a profession we need to be much more proactive in intervening in everyday practices to advance awareness and acceptance of the different ways in which individuals do family. Through fighting to queer the narrative and better represent diversity in "schoolbooks, academic curricula, advertisements [and] "private" conversations in the workplace" (Ludwig, 2011, p.59) in addition to many other places, we can hope to initiate further change.

Finally, this study has implications for future psychological scholarship and research. Clarke, Ellis, Peel and Riggs (2010) contended that heteronormativity continues to pervade the field of psychology, explaining that “although few psychologists nowadays would describe homosexuality as pathological or promote the use of conversion therapy, psychological theories and research are riddled with heterosexist assumptions” (p.20). It is hoped that this study’s discussion of heteronormativity and the ways in which it appears to have shaped the women’s experiences and how they made sense of them, will help other to be more aware of their own heteronormative assumptions and biases and avoid implicating these in their work.

5.10. IDEAS FOR FUTURE RESEARCH

In light of the significant lack of literature on the experiences of LGBTQ+ women who conceive through Reciprocal IVF, and the relatively small nature of this study, there is a clear need for future research. Arguably the most obvious next step would be to conduct a similar research study to this, that focusses on the experiences of the gestational birth mother, or parent. Several of the participants in this study described their partners as having felt and made sense of their experiences differently to themselves, and others as having reacted differently to them, particularly during the pregnancy and birth. A study that explores the experiences of the gestational/birth mother would provide a fuller picture and greater understanding of how LGBTQ+ individuals experience becoming mothers and parents through Reciprocal IVF.

Alternatively, in light of scholarship on intersectionality that demonstrates the need to consider “how categories of social difference intersect with motherhood to create varied meanings, narratives and pressures that ... affect individual sense-making” (Frazier, Jackson & Mangione, 2015, p.137), research that considers the experiences of Reciprocal IVF genetic mothers of different nationalities, races and ethnicities could provide a more comprehensive understanding. In line with this, a similar study that considers how the women’s gender identities impact on their experiences becoming Reciprocal IVF genetic mothers would also

be beneficial, particularly given the importance of gender ideology to heteronormativity and queer theory, as defined by Oswald et al. (2005); whilst this study attended to gender where mentioned, more focussed consideration of this would be welcome.

In addition, as previously noted, whilst a couple of the participants made brief references to the sperm donor, they did not talk in detail with regards to their involvement. In light of recent, yet limited, scholarship on donor conceived families that has suggested that they can make sense of donor involvement in a variety of ways, from erasing them to facilitate their experience of a 'normative' family, to drawing on constructs of extended family (Goedeke, Daniels, Thorpe & Du Preez, 2015; Moller & Clarke, 2016; Wyverkens, Van Parys & Buysse, 2014), this could be a very interesting area to explore in greater depth.

Finally, whilst Ludwig (2011) advanced that we need to intervene in everyday interactions in order to destabilise heteronormativity, she noted that "the outcome of these interventions is unpredictable" (p.59). Consequently, further research is needed to better understand the impact of these strategies and the most effective ways to challenge heteronormative world-views in various settings.

5.11. CONCLUSION

Feminist scholarship has been criticised for sometimes being "obscure, hard to understand, inaccessible to general audiences of women and of limited use for informing action" (Zerbe, Enns & Sinacore, 2002, p. 476). This article has sought to bridge the gap between academia and activism by proposing clear strategies through which psychologists might adjust their practice and advocate for, and advance social justice. Rafalin (2010) argued that if we, as psychological practitioners, are to do 'good work', we need to "remind ourselves of our professional mission and engage with actions that reflect our talk" (p.51). Thus, we contend that having offered these women a voice, and heard their stories, it is our responsibility and

duty to now use our own to fight with them to eliminate the discrimination and oppression that they, and others continue to face; as Gay (2014) wrote:

All too often, when we see injustices, both great and small, we think, *That's terrible*, but we do nothing. We say nothing. We let other people fight their own battles. We remain silent because silence is easier. *Qui tacet consentire videtur* is Latin for "Silence gives consent." When we say nothing, when we do nothing, we are consenting to these trespasses. (p.181)

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Appendices

Appendix P: *Feminism & Psychology* submission guidelines

Manuscript Submission Guidelines: Feminism & Psychology

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Please read the guidelines below then visit the Journal's submission site <http://mc.manuscriptcentral.com/fap> to upload your manuscript. Please note that manuscripts not conforming to these guidelines may be returned.

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As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

1. What do we publish?

1.1 Aims & Scope

Before submitting your manuscript to *Feminism & Psychology*, please ensure you have read the Aims & Scope.

1.2 Article Types

Feminism & Psychology welcomes manuscripts in a variety of formats, including work that introduces innovative forms of feminist psychology scholarship. *Feminism & Psychology* publishes the following kinds of pieces: theoretical articles (up to 8000 words); empirical articles (up to 8000 words); methodological articles (up to 8000 words); brief research reports (up to 3000 words); observations and commentaries (between 500 and 2000 words); book reviews (up to 2000 words); book review essays (up to 8000 words); special issues; and special features (including reappraisals of classic texts). Articles should include abstracts of no more than 200 words. Please note that references are included in the total word count.

Proposals for special issues or special features should be directed to the Editors.

If you are uncertain about the relevance of your manuscript for the journal, please contact the Editors.

Articles, Observations & Commentaries, Brief Reports

The Aims and Scope of *Feminism & Psychology* are as follows:

Feminism & Psychology provides an international forum for debate at the interface of feminisms and psychologies. The journal's principal aim is to foster feminist theory and practice in and beyond psychology. We are interested in pieces that provide insights into gendered realities along multiple intersecting dimensions of difference, privilege and inequality. In addition to

empirical work, we invite critical engagement with theories, methods of inquiry, concepts and disciplinary and professional practice.

Feminism & Psychology encourages submissions from scholars, researchers, activists and practitioners at all stages of their careers.

Authors are also advised to consult the Editorial in volume 24(1) for more detail.

Feminism & Psychology publishes empirical research based on qualitative, quantitative or mixed methods. To merit publication, such research should be rigorous, ethical, and theoretically informed, and the results should contribute to critical feminist psychology projects.

Feminism & Psychology also publishes work that engages critically with theories, methods, and concepts, as well as critical analyses of disciplinary and professional practices. For all submissions, originality is an important criterion. Space in the journal is scarce and so a publishable piece must say something that has not been said before, offer a different perspective on material already in the public domain, or stimulate debate.

The *Observations & Commentaries* section provides an opportunity for scholars to reflect on a particular issue, comment on others' work, or discuss theory or research processes.

Brief research reports may present preliminary research findings or a specific aspect of a study that does not require a full-length article. Anyone is welcome to submit a brief research report, but we especially encourage students who have recently completed theses or dissertations to submit brief reports of their work.

Book Reviews

Our aim is to publish book reviews (and reviews of other media or fiction, if relevant) that are informative and stimulate further discussion and debate. *Feminism & Psychology* publishes:

- Reviews of between 1,000-2,000 words that move beyond a summary of the contents to provide a critical evaluation of the arguments and approach taken to the subject matter by the author(s). A book review that takes up the author's theoretical, conceptual, practical, political and/or methodological arguments and develops a debate around these issues can become a piece that is worth reading in its own right.
- Review essays, in which several books in a topic area (usually 3) are reviewed together in order to explore the topic and the contributions of the texts. The arguments in a review essay will therefore be more wide-ranging. Review essays may be up to 8000 words long.
- If you are interested in writing a book review for *Feminism & Psychology* please contact Sue Jackson: Sue.Jackson@vuw.ac.nz

Special Features and Special Issues

Special Features consist of a guest-edited collection of short pieces that address an issue of contemporary interest to feminism and psychology. Special Issues are similarly guest-edited issues of a journal focussed around a particular theme. *Feminism & Psychology* will compile also Virtual Special Editions of previously published work that can be used for teaching and training. Proposals for Special Features, Special Issues and Virtual Special Editions are welcome. Please direct inquiries to the Editors.

1.3 Writing your paper

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Please ensure that a 'Declaration of Conflicting Interests' statement is included at the end of your manuscript, after any acknowledgements and prior to the references. If no conflict exists, please state that 'The Author(s) declare(s) that there is no conflict of interest'. For guidance on conflict of interest statements, please see the ICMJE recommendations [here](#)

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Submitted manuscripts should conform to the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), and all papers reporting animal and/or human studies must state in the methods section that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval. Please ensure that you have provided the full name and institution of the review committee, in addition to the approval number.

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Information on informed consent to report individual cases or case series should be included in the manuscript text. A statement is required regarding whether written informed consent for patient information and images to be published was provided by the patient(s) or a legally authorized representative.

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3. Publishing Policies

3.1 Publication ethics

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4. Preparing your manuscript for submission

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6. On acceptance and publication

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PART THREE: CLINICAL CASE STUDY

Making the Ambiguous Real